



Care Coordination Program – NH
State Military Reservation
1 Minuteman Way
Concord, NH 03301
Intake Line: 1-888-989-9924

Grievance Form

This form can be used when one believes that he/she has not been treated with courtesy, consideration and respect by an employee of Care Coordination Program – New Hampshire (CCP-NH).

CCP-NH is committed to providing outstanding service. We take all complaints seriously. No retaliation will be taken against you for filing this complaint or proceeding with the grievance procedure. Your grievance will be investigated and handled internally by the Program Manager and/or Clinical Director and you will be contacted within 72 business hours for resolution.

First Name: _____ **Last Name:** _____

DOB: _____ **Phone#:** _____

Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____

The questions below are to be answered by the person making the complaint or by a person acting on behalf, with the knowledge and consent, of the person making the complaint.

1. What was the date of the incident? _____

2. Against whom is your complaint made? Please give the name of the person:

3. State the incident that prompted this grievance:



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Client Signature: _____ Date: _____

If completed by someone other than client, please provide name, affiliation, & contact information:

Signature: _____ Date: _____