



CLIENT/Employee GRIEVANCE FORM

Please complete this form providing all relevant information with as much detail as possible. You may choose to remain anonymous, however, that may hamper our ability to follow up on your concern or question.

This submission will be reviewed within 15 days. If you provide contact information, someone will contact you with follow up information. Additional information may be sent to us at:

info@tryushealthcare.com

You may also make a report through our toll-free hotline at **1-800-901-1194**

Name
(Optional)

Telephone.....
(Optional)

Position.....
(Optional)

Office.....
(Optional)

Details of complaint:

When did this issue arise or problem occur?

.....

Other persons involved? (Please provide names)

.....
How did this issue or concern arise or how did you learn of the problem?

Will you discuss this allegation in more detail with the Corporate Compliance Officer or his Assistant?

Yes No

If YES, how should I contact you?

Have you discussed this problem with anyone else?

Yes No

If YES, who?

Please provide any other details that may assist us in helping to resolve the concern or the names of any other people willing to provide additional information regarding your report.

We will take reasonable measures to ensure the confidentiality of the information you provide to us. However, there may be circumstances when the disclosure of this information will become necessary.

To protect your privacy, we will not collect any additional user information. Email this completed form to info@tryushealthcare.com or print it off and mail it to:

**Corporate Compliance Officer
Try Us Health Care Services. Inc.
632 Pompton Ave
Cedar Grove, NJ 07009**