NEW MEXICO HIGH-FIDELITY WRAPAROUND

Fidelity Grievance Form

NM High-Fidelity Wraparound and CYFD-Behavioral Health Services is committed to high fidelity wraparound practice in New Mexico. In situations where this standard may come into question any member of the community can file a grievance with CYFD-Behavioral Health Services. ***This form is to be used exclusively for grievances regarding the fidelity of Wraparound practice and not for grievances regarding services of a behavioral health provider.*** Please email this form to the CYFD-BHS Program Manager, jolene.mondragon@cyfd.nm.gov

Date grievance filed: Click here to enter a date.

Name of the person filing grievance: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

Phone number: Click here to enter text. **Email:** Click here to enter text.

Name of the person(s) or program on who the grievance is against:

Click here to enter text.

Agency that this person(s) work for: Click here to enter text.

Please describe your grievance using as much detail as you can including dates, times, and persons involved: Click here to enter text.

How do you feel the actions above contradicted the values and/or process of the Wraparound model? Click here to enter text.

Please list the names of people who witnessed the events described in your grievance and their relation to you: Click here to enter text.

Signature of the person filing grievance _____ **Date:** _____

For Administrative use only

Name of CYFD-BHS staff who received this grievance: _____

Date this grievance was received by CYFD-BHS staff: _____

Resolution to Grievance: Click here to enter text.