Creative Work Systems

619 Brighton Ave | Portland ME 04102 (207) 879-1140 | fax: (207) 879-1146
90 Industrial Park Road | Saco, ME 04072 (207) 282-4173 | fax: (207) 282-8383
13 Lund Road | Saco, ME 04072 (207) 282-8387 | fax: (207) 282-8388
29 Hampshire Street | Auburn, ME 04210 (207) 795-6737 | fax: (207) 795-6722

COMPLAINT AND APPEAL FORM

Participant last name	Participant first name	Telephone no.	
Address	City	State	ZIP

CWS service received (check one)	Service location (check one)
☐ Brain Injury Residential Services ☐ Residential Services (including IL and SLO) ☐ Community Services ☐ Community Case Management Services ☐ Care Coordination Services ☐ Employment Services	☐ Cumberland County ☐ York County ☐ 5 County

If someone other than the participant is filing the complaint or appeal, please provide the following information:

Name of person assisting	Relationship to participant	Telephone no.	
Address	City	State	ZIP

Please write your complaint or appeal in the space below and on the back of this page. Attach additional pages if needed. You may include any documentation, correspondence or invoices which will help us find resolution to your complaint or appeal.
Please sign and date this form.

I certify that the above information is accurate and complete to the best of my knowledge. *Participants will not experience any direct or indirect repercussions such as retaliation, humiliation or barriers to services as a result of filing a complaint or appeal.*

Signature	Date
✘	

Ready to submit? Please mail, e-mail, fax or hand this form to the Team Leader at your individual service location.
Questions? Please contact a member of Quality Assurance at (207) 879-1140 with any questions regarding the CWS complaint or appeal process.

Approved: 12/15