

Grievance and Appeal Form

-mail the completed form in the postage-paid envelope or to the address below-

Client Name _____ **Date of Birth** _____
Address _____ **Phone** _____ **Best way to contact** _____

Type of Request (check one): Grievance Appeal Expedited Appeal *(see informational handout for definition of each type)*

My problem or concern is about the following program or provider: _____

Describe the problem or concern: _____

What I would like to have happen: _____

I understand that I will not be subject to discrimination as a result of filing a grievance or requesting an appeal or State Hearing.

Signature of client or legal guardian _____ Date _____

I authorize the following person to act on my behalf (optional) _____

Signature of authorized person if not signed by the client or legal guardian _____ Date _____

