

Problem Resolution Request Form

-complete this form and mail in the postage-paid envelope to file a grievance, appeal, or expedited appeal-

Client Information:

Name _____ Date of Birth _____
Address _____
Phone/E-mail _____ Best way to reach me _____

I wish to file (choose one): *Grievance *Appeal *Expedited Appeal (*see grievance/appeal handout for requirements)

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

Description of problem or concern: _____

What I would like to have happen: _____

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

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

Signature of client or legal guardian _____ Date _____

Signature, if not signed by the client or legal guardian _____ Date _____

FOR OFFICE USE ONLY

Date received _____ Grievance Appeal Expedited Appeal Oral report received by _____ File Number _____
Acknowledgement letter mailed on _____ Assigned to _____ or Referred to _____