**Grievance/Complaint Form**

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| **Date:** | **Name of person filling out the form:** |
| **Name of participant (if different)** |
| **Full Address:** |
| **City:** | **State:** | **Zip Code:** |
| **Phone: (702)** | **Cell phone: (702)** | **e-mail:** |
| **Service Provider program name and full address:** |
| **Reason: Complaint? Yes** **[ ]  No** **[ ]**  **Grievance? Yes** **[ ]  No** **[ ]**  |
| **Please provide a description of the incident, including dates** (attach additional sheets if needed). |

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| **Signature of person filling out form:** | **Date:** |

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| **For Official Use Only** |
| **Date Received:**  | **Received By:**  |
| **Grievance No.** | **Grievance? Yes** **[ ]  No** **[ ]**  | **Complaint? Yes** **[ ]  No** **[ ]**  |
| **Expedited Appeal? Yes** **[ ]  No** **[ ]**  | **Referred? Yes** **[ ]  No** **[ ]**  |
| **Action:** |
| **Signature:** | **Date:** |