**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:** | |