



NOTICE OF GRIEVANCE & REQUEST FOR REVIEW

NAME

BUSINESS NAME

ADDRESS

PHONE FAX

EMAIL

DATE OF INCIDENT / DISPUTE

CATEGORY OF GRIEVANCE/COMPLAINT/DISPUTE *CHECK ALL THAT APPLY*

- Licensing Issue
- Loss of Services
- Parent/Client Dispute
- Payment Dispute
- Other *please explain in the space below*

Describe in detail the nature of your grievance/complaint/dispute and describe the resolution you are seeking: *Please include supporting documents and an additional statement if necessary*

Large empty text area for providing details of the grievance and requested resolution.

Acknowledgment of appeal procedure

I hereby acknowledge that I was advised of the procedure for an Appeal. I understand that the appeal process can take at least 30 business days for review and a final case disposition. I also understand that

Requesting to see a supervisor will not guarantee or expedite my appeal.

Print name

Signature