

Notification of Disposition (Provider) Grievance Appeal Expedited Appeal

Date:

Name: *Enter Beneficiary Name*Dear: *Enter Recipient Name*

A grievance had been received on [date] regarding an interaction with or service delivered by your agency.

We have investigated the concerns reported by [grievant].
Describe outcome.

With this letter, we consider this grievance to be resolved. If you have questions or concerns regarding this decision, please contact me at *Contact phone number*.

Sincerely,

