CONSUMER & FAMILY GRIEVANCE/APPEAL FORM

Consumer's Name:		**Date:**
SSN:	**Relationship to Consumer:**	
Consumer Address:		
City, State Zip	Street Address	
Phone Number:	**Message Phone:**	
Service Site:		

Description of Grievance/Appeal (Please attach additional sheet, if necessary):

What have you already done to resolve this grievance/appeal?

How would you like to see this grievance/appeal resolved?

Form Completed by: **Name:**	**Phone:**

DO NOT WRITE BELOW THIS LINE

To be completed by BHCS Staff

RESOLUTION TO GRIEVANCE/ APPEAL				
BHCS Staff:		PSP Number:		
Description of the Grievance/Appeal Resolution:				
Consumer/Representative Contact:				
Date:	Time:	☐Letter	☐Telephone	☐Other:
Content:				
Date:	Time:	☐Letter	☐Telephone	☐Other:
Content:				

Updated 6/09