2000 Embarcadero Cove, Suite 400 Oakland, Ca 94606 510-567-8100 / TTY 510-533-5018 Karyn L. Tribble, PsyD, LCSW, Agency Director

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 <i>Contact phone number</i> .
Sincerely,