

Notification of Disposition (Provider)
\square Grievance \square Appeal \square Expedited Appeal
[DATE]
Name
[Address Address 1 City, State, Zip]
Dear [recipient],
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 (510) xxx-xxxx.
Sincerely,