

This is our decision for your (check only one):

Grievance/Complaint **Appeal**

Date of Decision: _____
To: _____
Address: _____

Date of Initial Grievance/Appeal Received: _____

This letter is your official notice that Families United Network has received your grievance/complaint/ or appeal. We have reviewed your grievance/complaint or appeal and made the following decision:

Explain Here:

Questions?

If you have any questions, please contact:

(Name/Phone/Email) _____

Copies provided to: Copies of your grievance/complaint will go to any of the people whose titles you checked on the Grievance Appeal Notification form.

- County Caseworker _____
- Private Provider Caseworker _____
- Juvenile Probation Officer _____
- Mental Health Caseworker _____
- Group Home Worker/Staff _____
- Intellectual Disability Caseworker _____
- Guardian ad Litem _____
- Attorney/Lawyer _____
- Court Appointed Special Advocate _____
- Department of Aging _____
- None indicated _____

Agency Signature _____ Print Name _____ Date _____

Tell us if you agree:

- I agree with this decision (Initial) _____ Date _____
- I do not agree with this decision (Initial) _____ Date _____

Client Signature _____ Print Name _____ Date _____

If you do not agree: If you do not agree with this decision, you have the right to appeal it. If you wish to appeal it, please complete the Grievance or Appeal Notification Form/Participant Complaint Form and check "appeal".