Families United Network

Form: Grievance/Complaint or Appeal Receipt Form

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Date : 6/24
ID: Operational

Families Un			berty Manor received your:
Date of Letter:	Grievance/Compla	aint 🗀	Appeal
To:			
Address:			
This letter is your o	fficial notice that Families U	nited Network	c has received your:
	Grievance/Compla	aint 🗌	Appeal
Date Received:			
	llowing things in 7 days: your Grievance/Complaint;		
Have a meet Appeal form	ting with all people involved	peal can be s	ose checked on the Grievance or successfully resolved without; and
Important Dates: Below are the key of please contact: Person:			eal. If you have any questions,
· ·	mplaint or appeal received:		
Date the decision is			
Date we will mail yo	our decision letter:		
Appeal Notification			s you checked on the Grievance
=	uvenile Probation Officer		
=	Mental Health Caseworker		
=	Group Home Worker/Staff	. —	
	ntellectual Disability Casewo Guardian ad Litem	orker	
= 1	Attorney/Lawyer		
_	Court Appointed Special Adv	ocate	
_	Department of Aging		
	lone indicated		
Agency Signature		t Name	 Date