



RYAN WHITE PART A CLIENT GRIEVANCE FORM

Name of the person filing the grievance (please print)

Name of the Agency involved in the grievance

Street Address of person filing the grievance

City, State, ZIP Code

Daytime Telephone

Cell/Mobile Telephone (optional)

Email Address (optional)

How would you like us to communicate with you?

Daytime Phone Cell/Mobile Phone Email U.S. Mail Other _____

What was the date of the alleged deviation from established policy? _____

Which policy or procedure(s) do you feel were not followed? Please describe and how you were directly affected (please add additional pages as needed):

By signing below, I attest that the information provided is true and correct, under penalty of perjury.

Signature

Date