



RYAN WHITE PART A CLIENT GRIEVANCE APPEAL FORM

Name of the person requesting the appeal (please print)

Name of the Agency

Street Address

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 _____

Required documentation for the appeal:

- Copy of the original Client Grievance Form
- Copy of the original Final Decision Form
- Additional pages stating reason for the appeal

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

Signature

Date