

**MIAMI-DADE COUNTY
RYAN WHITE PROGRAM (Part A, MAI, and EHE)
CLIENT GRIEVANCE FORM**

**PLEASE TYPE OR PRINT CLEARLY.
ATTACH ALL REQUIRED DOCUMENTATION BEFORE SUBMITTING THIS FORM.**

Name of Client *(please print clearly)*

Name of the person filing the grievance *(if different)*

Street Address of the Client

City, State, ZIP Code of the Client

Daytime Telephone of the Client

Cellphone/Mobile Telephone (optional)

Email Address of the Client (optional)

Name of the Agency involved in the grievance

Street Address / Site Location of the Agency involved in the grievance

How would you like us to communicate with you?

☐ Daytime Phone ☐ Cell/Mobile Phone ☐ Email ☐ U.S. Mail

☐ Other *(please specify)*: _____

When did the incident occur (date):

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