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 diff	ferent)
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 in How would you like us to communicate wit Daytime Phone Cell/Mobile Phone	th you?
□ Other (please specify):	
When did the incident occur (date):	
Which policy or procedure do you feel was how you were directly affected. (please add	not followed? Please describe the problem and d additional pages as needed):

By signing below, I certify that the information I have provided is true best of my knowledge.	and correct to the
Signature of Client or person filing the grievance (if different)	Date
For Subrecipient Use Only:	
Name of Staff Receiving the Grievance: Date Received: CIS#:	
For Recipient Use Only:	
Name of Staff Receiving the Grievance: Date Received: CIS#:	