MIAMI-DADE COUNTY RYAN WHITE PROGRAM (Part A, MAI, and EHE) CLIENT GRIEVANCE APPEAL 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 appeal (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 invol	lved in the grievance
How would you like us to communicate with y □ Daytime Phone □ Cell/Mobile Phone □ Er	
□ Other (please specify):	
Required documentation for the appeal: □ Copy of the original Client Grievance Form □ Copy of the original Final Decision Form	
What is the reason for your appeal? Please e you believe was not followed and how it af needed):	

By signing below, I certify that the information provided here is tru best of my knowledge.	e and complete to the
Signature of Client or person filing the appeal (if different)	Date
For Subrecipient Use Only:	
Name of Staff Receiving the Appeal: Date Received: CIS#:	<u> </u>
For Recipient Use Only:	
Name of Staff Receiving the Appeal: Date Received: CIS#:	