**CLASI GRIEVANCE REQUEST**

Date: Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Applicant’s Name (if not the person submitting the grievance): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am (check one):**

\_\_\_\_\_ a client or applicant for CLASI services

\_\_\_\_\_ legal guardian of a client or applicant for CLASI services

\_\_\_\_\_ other representative of a client or applicant for CLASI services, preparing this grievance at the client’s request; specify other authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ an individual who believes that CLASI’s current operations are in violation of the requirements of any CLASI funding source.

**Please explain why you are filing a grievance, including what CLASI did that you disagree with and the reasons you disagree:**

**What date did CLASI take the action or decision?** *Note: for clients and applicants, your grievance must be about an open case with us OR be about something we did in the last 60 days. For concerns about violations of the Protection and Advocacy for Individuals with Mental Illness Act, the action must concern current operations.* **Date(s):**

**What result do you want from CLASI?**

Please mail, fax, or email your completed Grievance Request Form to the Grievance Officer for the CLASI office serving you (contact information below).

**If you have questions, need assistance in writing your complaint, or otherwise prefer to file your complaint by telephone, please contact the Grievance Officer for the CLASI office serving you**:

**Grievance Officer use only:**

How received? □ Mail □ Fax □ Email □ Grievance Officer completed form upon

request; initials of Grievance Officer: \_\_\_\_\_\_\_

Date received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates/methods of communication with grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional documentation provided by Grievant for review? Y/ N

Date sent to Executive Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

06 23 2022