**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 has received or is receiving mental health services in Delaware, a family member of such individuals, or a representative of such individuals or family members, may file PAIMI systemic grievances to assure that CLASI as a Protection & Advocacy system is operating in compliance with the Protection & Advocacy for Individuals with Mental Illness Act.

**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**:

NCC Grievance Officers:

100 W. 10th Street,

Suite 801

Wilmington, DE 19801

Fax: (302) 575-0840

Ph: (302) 575-0660, ext. 266

[Grievance-nc@declasi.org](mailto:Grievance-nc@declasi.org)

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KC Grievance Officer

840 Walker Road

Dover, DE 19904

Fax: (302) 674-8145

Ph: (302) 674-8500, ext. 319

[Grievance-kent@declasi.org](mailto:Grievance-kent@declasi.org)

SC Grievance Officer:

20151 Office Circle

Georgetown, DE 19947

Fax: (302) 856-6133

Ph: (302) 856-0038, ext. 415

[Grievance-sussex@declasi.org](mailto:Grievance-sussex@declasi.org)

Revised 05/10/2023