

# Ryan White EFA Grievance Form

<b>Your Name</b>			
<b>Address</b>		<b>Phone number</b>	
<b>Email</b>		<b>Today's Date</b>	

<b>Date of the Grievance</b>	
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Description of the grievance and staff members involved. Indicate whether you are a client or case manager:

How would you like this matter to be resolved?

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager's or Supervisor's Signature (optional)**