



GRIEVANCE FORM

MI CHOICE WAIVER & CARE MANAGEMENT PROGRAMS

Participant Name: _____ Date: _____

Person Reporting: _____ Phone: _____

Relationship to Participant: _____

Description of Grievance:

Suggested Resolution of Grievance:

AAA Office Use Only

Supervisor Responding to Grievance: _____ Date: _____

Director Notified: Yes Date: _____ No Why Not: _____

Resolution:

Finding Communicated to: _____ Date: _____

Phone Letter E-mail Site Visit Other: _____ Date: _____

Director Review: _____ Date: _____

Written grievances may be submitted to:

Laurie Sauer, Director
Region 9 Area Agency on Aging
2375 Gordon Rd.
Alpena, MI 49707