

GRIEVANCE AND APPEALS REPORTING FORM

SCA: _____

Level: _____

Issue: _____

Date: _____

CIS #: _____

Team members:

Briefly describe the client's grievance with the SCA: (Include date grievance was filed with the SCA).

Briefly describe the outcome of the grievance and the basis for the decision: (Include date of review).

Grievance Resolved: Yes () No ()

Team Members signatures and titles:

11/02