

Families United Network, Inc./FUN Academy/Liberty Manor received your:
 Grievance/Complaint **Appeal**

Date of Letter: Click or tap here to enter text.
To: Click or tap here to enter text.
Address: Click or tap here to enter text.

This letter is your official notice that Families United Network, Inc./FUN Academy/Liberty Manor has received your grievance/Complaint or appeal on Click or tap here to enter text.. We will do the following things in 7 days:

- Investigate your grievance/Complaint;
- Have a meeting with all people involved, including those checked on the Grievance for Appeal form, unless the grievance or appeal can be successfully resolved without; and
- Send you a letter telling you our decision (resolution).

Important Dates:

Below are the key dates for your grievance/complaint or appeal. If you have any questions, please contact Click or tap here to enter text. **At** Click or tap here to enter text..

Date Grievance/Complaint or appeal received: Click or tap here to enter text.
Date the decision is due: Click or tap here to enter text.
Date we will mail your decision letter: Click or tap here to enter text.

Copies provided to:

Copies of this notice will go to any of the people whose titles you checked on the Grievance Appeal Notification form/Participant Complaint Form.

- | | |
|---|---|
| <input type="checkbox"/> County Caseworker | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Private Provider Caseworker | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Juvenile Probation Officer | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Mental Health Caseworker | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Group Home Worker/Staff | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Intellectual Disability Caseworker | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Guardian ad Litem | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Attorney/Lawyer | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Court Appointed Special Advocate | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Department of Aging | <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> None indicated | <u>Click or tap here to enter text.</u> |

Agency Signature

Print Name

Date