

Board of Directors
Julie Cauch- Chairwoman
Susie Morales- Vice Chairwoman
David Tierney - Treasurer
Sue Gilbertson - Secretary



1406 North 2nd Street, Phoenix, AZ 85004
Telephone (602) 712-9200 Fax (602) 712-9222

TO BE COMPLETED BY ABC

DOCKET # _____

DATE RECEIVED _____

INITIALS _____

REQUEST FOR INVESTIGATION/GRIEVANCE/APPEAL FORM

Today's Date: _____

HOUSING PROVIDER: _____ MMIC SITE: _____

CASE MANAGER: _____ CM PHONE #: _____

Name of Applicant or Participant Involved: _____
(LAST, FIRST, MI)

Address: _____
(Street, City, State, Zip Code, Telephone Number)

Name of Person Completing Form (if other than participant): _____
(LAST, FIRST, MI)

Address: _____
(Street, City, State, Zip Code, Telephone Number)

Relationship of person completing form:

Self (age 18+) Family Member Friend Advocate Other _____

Description of grievance/appeal (please include dates, names, locations, also any other attempts to resolve the problem, recommended solutions and attach additional pages if necessary):

Signature: _____

Date: _____

COMPLETE AND RETURN TO: ARIZONA BEHAVIORAL HEALTH CORPORATION
1406 N. 2ND STREET, PHOENIX, AZ 85004
OR Fax to: (602) 712-9222

POSTMARK MUST BE WITHIN TEN (10) WORKING DAYS FROM THE RECEIPT OF THIS NOTIFICATION.