

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



501 East Thomas Road, Phoenix, AZ 85012  
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**  
**501 EAST THOMAS ROAD, PHOENIX, AZ 85012**  
**OR Fax to: (602) 712-9222**

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