ARIZONA BEHAVIORAL HEALTH CORPORATION

TO BE COMPLETED BY ABC

DOCKET #_____

DATE RECEIVED_____

INITIALS_____

501 East Thomas Road, Phoenix, AZ 85012
Telephone (602) 712-9200 Fax (602) 712-9222

REQUEST FOR INVESTIGATION/GRIEVANCE/APPEAL FORM

Today's Date: _____

Housing Provider:_____ Health Home 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.