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| DDAP-EFM-1306 Rev. 3-18 | Grievance and Appeal**Reporting Form** | One Penn Center, 5th Floor2601 N. 3rd StreetHarrisburg, PA 17110Email: RA-DA\_GAMBLING@pa.govPh: 717-783-8200 Fax: 717-787-6285 |
| Agency: |       |  |
| Issue: |       |  |
| Date: |       |  |  |
| Client ID #: |       |  |
| [ ]  Yes | [ ]  No | Grievance Resolved? |
| **PART A – GRIEVANCE DESCRIPTION** |
| Briefly describe the client’s grievance (include date grievance was filed).      |
| **PART B - OUTCOME** |
| Briefly describe the outcome of the grievance and the basis for the decision (include date of the review).      |
| **PART C – APPEAL TO DDAP** |

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| **DEPARTMENT OF DRUG & ALCOHOL PROGRAMS USE ONLY** |
|  | 🞎 Granted 🞎 Denied |  |
|  |  |  |  |  |
| DDAP Authorized Signature |  | Effective Date |  |
|  |  |  |  |  |
| DDAP Authorized Signature |  | Effective Date |  |
|  |  |  |  |

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| Submit to: Department of Drug and Alcohol ProgramsDivision of Treatment One Penn Center, 5th Floor 2601 N. 3rd Street Harrisburg, PA 17110Email: RA-DA\_GAMBLING@pa.govFax: 717-787-6285 |