

# CCMP Grievance Form

## Grievance Information

Please Describe the Grievance:

How would you like this Grievance to be resolved?

## Member information

Name

CIN

CMA

FCM Case-link (if applicable)

Signature

Date

Information of anyone who helped member complete the form (if applicable)

Name

Relationship to member

Signature

Date

# CCMP Grievance Response

Grievance Response:

Investigation Results

Resolution (may be proposed or already implemented)

## CCMP Staff Information

Name

Title

Phone

Signature

Date

# Member Response to CCMP

## Resolution Reviewed with Member

Date

Manner

Member Agreement

If no, provide feedback here:

## Member information

Name

CIN

CMA

FCM Case-link (if applicable)

Signature

Date

## Information of anyone who helped member complete the form (if applicable)

Name

Relationship to member

Signature

Date