



Grievance Registration Form

Please type or print clearly and use additional pages if necessary.

Name: _____ Date: _____
Address: _____
City/State/ZIP: _____
Work Number: _____ Home Number: _____
E-mail : _____

Please check under which process you are grieving:

- The process of establishing priorities
- The process of allocating funds to the established priorities
- Any subsequent process to change already established priorities or allocations (e.g. the process used to reallocated funds to another category for service). Note: Given that the above Partnership process are time-sensitive and cannot be repeated within a grant cycle (one year-March to February), remedies to grievances concerning these processes are limited to future action and will not be able to reverse decisions retroactively.

Please check which entity you represent:

- Providers eligible to receive Ryan White Program funding within the Miami-Dade County.
- Individual consumers of Ryan White Program services.
- Individual or entity directly affected by the outcome of the decisions related to funding as defined by the grievance procedure.
- Community and Advocacy group

STATEMENT OF GRIEVANCE

Please describe the basis for this grievance. Include all pertinent information including dates, names of parties involved, and deviations from established Planning Council processes. Describe in what way you have been directly affected by the decision of the Planning Council. Include any documentation that may support your position. (If the space below is insufficient, you may continue on a separate page(s)).

PREVIOUS ATTEMPTS TO RESOLVE DISPUTE

What if any, previous attempts have been made at resolution?

REMEDY SOUGHT BY THE GRIEVANT

Remedies related to funding/allocations decisions shall be limited to future actions (i.e., these decisions will not be reversed retroactively).

I understand that if, there is a cost associated with mediation services, fees must be paid prior to medication.

The undersigned party(ies) submit(s) the following request for mediation to seek resolution under the grievance procedures of the Miami-Dade HIV/AIDS Partnership.

Signature _____

Please return this completed form to Behavioral Science Research. You may mail it, fax it, or hand deliver it to:

**Miami-Dade HIV/AIDS Partnership
c/o Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Ste. 240
Coral Gables, FL 33134
Attn: Dr. Robert Ladner**

Internal Use Only

Date Received:

Case Number:

Number of documents: