Ryan White Part A
Grievance Form

Las Vegas TGA Ryan White Part A
HIV/AIDS Program

Today's date: _____

Client name: _____

Client phone number: _____

Date of incident: _____

Agency name this grievance is regarding: _____

Please use the space provided to give a detailed description of your complaint/issue and any related information. Additional pages may be used if needed. After receipt of your written complaint/grievance, you will be contacted by _____ to discuss your concerns.

I hereby certify that the information provided above is true to the best of my knowledge.

_____
Client Signature