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| DDAP-EFM-1306 Rev. 3-18 | | | | Grievance and Appeal  **Reporting Form** | | One Penn Center, 5th Floor  2601 N. 3rd Street  Harrisburg, PA 17110  Email: [RA-DA\_GAMBLING@pa.gov](mailto:RA-DA_GAMBLING@pa.gov)  Ph: 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 Programs  Division of Treatment  One Penn Center, 5th Floor  2601 N. 3rd Street  Harrisburg, PA 17110  Email: [RA-DA\_GAMBLING@pa.gov](mailto:RA-DA_GAMBLING@pa.gov)  Fax: 717-787-6285 |