



Shingle Springs Tribal TANF Public Grievance Form

Name: _____

Date: _____

Phone #: _____

Please describe in detail the decision or incident you would like reviewed or changed: Please include any supporting documentation and briefly explain reasons for the change? (Use the back of this form if additional space is needed)

Signature

Date

Office Use Only

Family Advocate III	<input type="checkbox"/> Resolved	<input type="checkbox"/> Moved to the next level	Initials _____
QA Officer	<input type="checkbox"/> Resolved	<input type="checkbox"/> Moved to the next level	Initials _____
Executive Director	<input type="checkbox"/> Resolved	<input type="checkbox"/> Moved to the next level	Initials _____

Action Taken _____
Designated Assignee _____