**ACKNOWLEDGEMENT OF RECEIPT OF**

**GRIEVANCE & APPEALS INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have received the Region 10 brochure “Grievance & Appeals Process” regarding my right to a second opinion and an explanation of my grievance and appeals rights. An explanation of these rights and the process was provided. I was able to ask questions, and I was given information on how to ask questions in the future.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Committee – 12/12/2024 Form #0470