

Grievance – Title III Program Form
Designated Representative

Client Name:

Designated Representative:

I, _____ (Designated Representative) serve as the
representative for _____ (Client Name).

This relationship is: ☐ Formal ☐ Informal

If Formal, please provide a copy of the appropriate paperwork. Indicate in the space
below the type for formal arrangement.

If Informal, please describe the relationship between you and the Client.

Informal designated representative is only valid for this grievance and does not constitute any legal arrangement between the parties. The provider reserves the right to acknowledge or not acknowledge, with explanation, the acceptance of a designated representative when presented as informal.

I, to the best of my knowledge, confirm that all information provided is true to the best of
my knowledge.

Designated Representative Signature

Date

Office Use Only			
Received by Provider _____	Date _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Explanation:			
Client/Designated Representative made aware of decision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Staff Initials