

Michigan Agency with Choice
CONSUMER FORMAL GRIEVANCE FORM

Michigan Agency with Choice is committed to providing excellence in customer service. Before engaging in the formal grievance process, we highly encourage you to communicate directly with those involved in an attempt to resolve the situation in the quickest manner possible.

Instructions: If you are unsatisfied with your experience with MAwC, you (or someone on your behalf) may use this form to file a grievance. The complaint will be reviewed and an investigation may be conducted. Keep a copy for your records and send the original to the Michigan Agency with Choice, Director, 113 N. Monroe St, Sturgis, MI 49091. You will receive a receipt verification letter within five business days. You will then be contacted by the Program Director/Manager for further information. A summary of the actions taken and final results will be sent within 10 business days.

| | |
|--|--|
| Consumer's Name: [REDACTED] | Person Completing Form: [REDACTED] |
| Consumer's Address: [REDACTED] | Person completing form's relationship to consumer: [REDACTED] |
| Consumer's Phone Number: [REDACTED] | Person Completing Form Phone Number: [REDACTED] |

Where and when did the situation occur?
[REDACTED]

Describe what happened:
[REDACTED]

What has been done, if anything, to resolve your concerns?
[REDACTED]

What would you like to have happen in order to correct the situation?
[REDACTED]

| | | |
|-------------------------------------|---------------------|---|
| Consumer's Signature: [REDACTED] | Date: [REDACTED] | Signature of person assisting consumer: [REDACTED] |
|-------------------------------------|---------------------|---|

OFFICE USE ONLY:

Received By: _____ Date: _____ Date Verification Receipt Sent: _____ (Must be within 5 business days)

Summary Report Completed By: _____ Date Sent to Consumer: _____ (Must be within 10 business days)

Appeal Received By: _____ Date: _____ Date Verification Receipt Sent: _____ (Must be within 5 business days)

Summary Report Completed By: _____ Date Sent to Consumer: _____ (Must be within 30 calendar days)