



ND RYAN WHITE PROGRAM PART B GRIEVANCE RESOLUTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 60629 (7-2023)

Client's Name	RW Number	RW Agency
<p>Procedure</p> <ul style="list-style-type: none">• Submit the original of this form and copies of any supporting documentation to your case manager or mail to:<ul style="list-style-type: none">○ Ryan White Program North Dakota Health and Human Services 600 E Boulevard Ave Bismarck, ND 58505-0250• Maintain a complete copy for your personal records.• You will receive a written response within 14 days of the receipt of the form.		
I am requesting the resolution of a complaint filed under the grievance procedures with the following:		
Names of Involved Parties		
Specific Occurrences in Relation to Grievance (Include any documentation that may support your grievance.)		
Prior Attempts at Resolution (Indicate any previous efforts to resolve your complaint including dates and parties involved.)		
Resolution Sought (Please provide a clear statement that reflects the resolution you believe will satisfy your complaint.)		

Signatures

Client/Guardian	Date
Case Manager	Date
Ryan White Coordinator	Date

