



# ND RYAN WHITE PROGRAM PART B GRIEVANCE RESOLUTION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 60629 (03-2014)

1. Submit the original of this form and copies of any supporting documentation to your case manager.
2. Maintain a complete copy for your personal records.
3. Mail a copy of the completed form and supporting documentation to:

Ryan White Program Coordinator  
North Dakota Department of Health  
2635 East Main Avenue  
P.O. Box 5520  
Bismarck, N.D. 58506-5520

Name
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I am requesting resolution of a complaint filed under the grievance procedures with the following:

Date of Grievance	Case Management Agency	City Where Located
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.)		
Signature of Grievant		Date of Signature