



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

www.DisabilityRightsMD.org

GRIEVANCE FORM

You may fill out this form to file a complaint with DRM. Instead of filling out this form, you may make your complaint in a letter, or you may explain your complaint in person or over the phone. We will be glad to provide any help you need in making your complaint. Your complaint must be returned to us, at the above address, within 30 work days following the decision of this agency with which you disagree. Please send it to the attention of the Executive Director.

Please complete all sections which apply to your concerns, and sign your name and fill in the date below. Please also give your address and telephone number. Attach any other information that you would like us to consider with regard to your concerns.

1. Please describe the type of help that you requested from DRM:

2. If you were told that DRM would not provide you with services, please indicate the date on which you were informed of this decision and explain why you disagree with it. Please attach additional pages if necessary:

3. If you are a current client and you are unhappy with the services that you are receiving, please explain why. Please attach additional pages if necessary:

4. If you disagree with the decision of DRM to limit services to you or to close your case, please indicate the date on which you were informed of this decision and explain why you disagree with it. Please attach additional pages if necessary:

5. If you believe that DRM has acted unfairly or has not carried out its legal obligations, please explain why. Please attach additional pages if necessary:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE

DATE

You may fax this to 410.727.6389, or

mail to: Executive Director
Disability Rights Maryland
1500 Union Avenue; Ste. 2000
Baltimore MD 21211