



Empowerment. Integration. Equality.

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

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

www.DisabilityRightsMD.org

GRIEVANCE FORM

To file a grievance with DRM you may complete this form, write a letter, or explain the issue in person or over the phone. We will be glad to provide any help you need in making your grievance.

The grievance must be sent to the Executive Director at the above address within 30 work days following the action or decision of this agency with which you disagree. Please see the accompanying Grievance Policy for more information.

Please complete both sides of the form and attach any other information that you would like us to consider with regard to your concerns. We encourage you to discuss issues or problems directly with staff or managers before filing a grievance.

1. This grievance is about (check all that apply):

- denied service by DRM
- provided services, but treated unfairly by DRM
- provided services, but not enough (too limited)
- DRM has not carried out its legal obligations
- Other

2. What DRM staff was involved? _____

3. Date the incident occurred: _____

4. What type of help was requested, or what was the case about? (*for example: housing, special education, abuse or neglect in an institution or group home, getting necessary medical treatment, Social Security work incentives, voting laws, etc.*)

5. Please describe what happened to cause this grievance. You may attach additional pages if needed.

Sign: _____ Date: _____

Print Name: _____

Address: _____

_____ ZIP: _____

Phone: _____ Email (optional): _____

You may fax this to 410.727.6389, or mail to: Executive Director
Disability Rights Maryland
1500 Union Avenue; Ste. 2000
Baltimore MD 21211