



## GRIEVANCE AND APPEAL REPORTING FORM

SCA: \_\_\_\_\_

Level: \_\_\_\_\_

Issue: \_\_\_\_\_

Date: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Briefly describe the individual's grievance with the SCA: (Include date grievance was filed with the SCA).

Briefly describe the outcome of the grievance and the basis for the decision: (Include date of review).

Grievance Resolved: Yes ( ) No ( )

Submit to:  
DDAP Director of Treatment  
02 Kline Village  
Harrisburg, PA 17104  
Or Fax to 717-787-6285