

Traumatic Brain Injury Waiver Program Member Grievance

Last Name:	First Name:	Middle Initial:	Medicaid #:
Date:	Address:		Phone:
Legal Representative Name, If applicable:	Address:		Phone:

Statement of Complaint (Describe your concern with your services)

Relief Sought (Describe what would remedy your concern with services)

The Level One Grievance: For traditional services, the grievance must be sent to the provider agency related to your grievance. For Personal Options, the grievance must be sent to Public Partnerships (PPL). The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to Kepro, Inc. first. You may submit a Level Two grievance without going through a Level One.