

**METROPOLITAN JACKSONVILLE AREA
HIV HEALTH SERVICES PLANNING COUNCIL
900 University Boulevard, North, Suite 405
Jacksonville, FL 32206
PHONE: (904) 744-4813 ? FAX: (904) 744-4914**

Ryan White CARE Act Title I

**PLANNING COUNCIL/GRANTEE GRIEVANCE
STATEMENT OF FUNDING GRIEVANCE FORM**

Grievance No. _____
To be filled in by receiving authority

Date: _____

The undersigned party(ies) submit(s) the following dispute for resolution under the grievance procedures of _____.

Procedure designated by receiving authority:

- " Mediation
- " Other non-binding process (describe)
- " Binding arbitration (can be used with consent of all parties or after non-binding approaches have been tried and issues have not been resolved)

Statement of Grievance (should include date questioned decision was taken, by what entity, and the reasons for filing the grievance; use back of form if necessary).

Statement of previous action taken (if arbitration is sought, indicate results of previous attempts at resolution).

Statement of how the grievant has been directly affected by the decision.

Statement of what result the grievant would like (the remedy sought by the grievant; use back of form if necessary) *Note that remedies may be limited to future action and may not be able to reverse decisions retroactively.*

Grievance Intake/Disposition - (for internal use)

Name: _____ Title: _____ Phone: _____
Date of Grievance review: _____
Request Grievance: _____ Initial Grievance: _____ Mediation: _____ Binding arbitration: _____
Summary of agency response: _____

If the procedure to be used is binding arbitration, signature constitutes agreement to be bound by the decision of the arbitrator:

Name of grievant

Name of responding party

If grievant is an organization, name of authorized individual

If responding party is an organization, name of responsible individual

Address

Address

City/state/zip code

City/state/zip code

Telephone number

Telephone number

Fax number

Fax number

Signature

Signature

Please file _____ copies of this form with the _____. A check in the amount of \$500.00 is required to initiate mediation or another non-binding approach, and \$500.00 is required to initiate arbitration, and should be attached with this form.

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