

**Client Grievance Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
E-mail:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
**What is your relationship to the grievance issue?** Please mark one:  
  
\_\_\_\_\_  I am a client or prospective client or Disability Rights NJ  
  
\_\_\_\_\_  I am a family member or legal representative of a client or prospective client of Disability Rights NJ   
  
  
**What best describes your complaint or grievance?** (choose one)  
  
\_\_\_\_\_  Denial of Service - You requested legally-based advocacy services from Disability Rights NJ but were told you were not eligible for help, you were denied a requested service from Disability Rights NJ, or you were receiving help from Disability Rights NJ that ended or further help was denied for reasons with which you disagree.  You can also file a grievance if you believe that you did not have full access to the services of the program.  
  
\_\_\_\_\_ Customer Service Concerns – You have concerns about the service you received from Disability Rights NJ or a Disability Rights NJ Employee.  Additionally, you can also file a grievance if you believe that Disability Rights NJ is not in compliance with the federal laws that create the Protection and Advocacy system (also known as a systemic grievance).

**Please Describe Your Grievance or Complaint** (attach additional pages if necessary):

Please send this completed form to:

Disability Rights New Jersey

210 S Broad Street, 3rd Floor

Trenton, New Jersey 08608

Attn: Appeals Coordinator

[appealscoordinator@DisabilityrightsNJ.org](mailto:appealscoordinator@DisabilityrightsNJ.org)

(609) 777-0187 (FAX)