

**Problem Gambling Services
Grievance and Appeal
Reporting Form**

Date of Complaint: _____ Client ID: _____
 Agency Name: _____ Agency Contact Person: _____
 Agency Email: _____ Agency Phone Number: _____
 Grievance Resolved? Yes No

PART A – GRIEVANCE DESCRIPTION

Briefly describe the client's grievance (include the date the grievance was filed).

PART B – DECISION (must be rendered within seven (7) calendar days of filed grievance)

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

PART C – CLIENT APPEAL (appeal by client must be within 15 calendar days of Decision)

If applicable, briefly describe the client's appeal, (include the date appealed).

DEPARTMENT OF DRUG & ALCOHOL PROGRAMS USE ONLY

DDAP Authorized Signature

Date

DDAP Authorized Signature

Date

Submit within one (1) business day of decision to:

Department of Drug and Alcohol Programs
 Compulsive Problem Gambling Section
 One Penn Center, 5th Floor
 2601 N. 3rd Street Harrisburg, PA 17110
 Fax: 717-787-6285
 Email: RA-DA_GAMBLING@pa.gov