

## Grievance Form

Please complete this form entirely to file a grievance with Palco or the program. Once submitted, please allow two days for someone from Palco to contact you regarding this issue. We will work together to ensure a resolution is achieved within five (5) business days.

GENERAL INFORMATION	
Individual completing this form:	
<input type="checkbox"/> Participant <input type="checkbox"/> Employee <input type="checkbox"/> Employer of Record <input type="checkbox"/> Other: _____	
Full Name:	Participant ID.
Address:	Phone Number:
COMPLAINT INFORMATION	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<i>For Internal Use Only:</i>		
Date Received _____	Date Contacted _____	Date Closed _____
Decision Action Taken:		
Resolution:		

Please return this form to Palco via mail, email: [customersupport@palcofirst.com](mailto:customersupport@palcofirst.com), or fax: 1.877.859.8757.