

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:			
□Participant		☐ Emp	☐ Employer of Record	
□Other:				
Full Name:			Participant ID.	
Address:			Phone Number:	
	COMPL	AINT INFOR	MATION	
Signature Date			<mark>Date</mark>	
For Internal Use Only:				
Date Received	Date Co	ontacted	Date Closed	
Decision Action Taken:				
Resolution:				
Resolution:				

Please return this form to Palco via mail, email: customersupport@palcofirst.com, or fax: 1.877.859.8757.