Grievance Form – Chanda Center Remove Services

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 ☐ Vendor/Provider ☐ Other: _____	
Full Name:	Palco ID:
Address:	Phone Number:
COMPLAINT INFORMATION	

_____ _____

Signature Date

For Internal Use Only:		
Date Received_____	**Date Contacted**_____	**Date Closed** _____
Decision Action Taken:		
Resolution:		

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