



**Request for Grievance Resolution Form  
South Dakota Ryan White Part B/ADAP Program**

Date: \_\_\_\_\_

I, \_\_\_\_\_, am requesting resolution of a complaint filed under the grievance procedures \_\_\_\_\_, (name of agency) located in \_\_\_\_\_ (city).

**Statement of Grievance**

**Date of Grievance:** \_\_\_\_\_

**Location of Grievance:** \_\_\_\_\_

**Names of Involved Parties:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_

**Specific Occurrences in Relation to Grievance** (include any documentation that may support your grievance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Attempts to Resolve** (please indicate any previous efforts to resolve your complaint including dates and parties involved):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution Sought** (please provide a clear statement that reflects the resolution you believe will satisfy your complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Individual (Grievant):**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Signature)**

1. *Submit the original of this form and copies of any supporting documentation to the agency.*
2. *Maintain a complete copy for your personal records.*
3. *Mail a copy of this form and copies of any supporting documentation to:  
ATTN: Ryan White Program Manager, 615 East 4<sup>th</sup> Street, Pierre, SD 57501*