



**CONSUMER RIGHTS COMMITTEE RESPONSE**

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I agree with the above resolution <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," I wish to appeal the above resolution <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF GRIEVANT	DATE

**FACILITY HEAD RESPONSE**

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I agree with the above resolution <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," I wish to appeal the above resolution <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF GRIEVANT	DATE

**DIRECTOR OF FACILITY OPERATIONS RESPONSE**

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