

CONSUMER RIGHTS COMMITTEE RESPONSE

I agree with the above resolution Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT

DATE

FACILITY HEAD RESPONSE

I agree with the above resolution Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT

DATE

DIRECTOR OF FACILITY OPERATIONS RESPONSE

I agree with the above resolution Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT

DATE

DEPARTMENT OF MENTAL HEALTH DIRECTOR RESPONSE
