



Community Rule Grievance Form

The federal Community Rule ensures that HCBS waiver participants have access to the benefits of community living, and that they live and receive services in integrated, non-institutional settings. For more information about the Community Rule, go to www.mass.gov/info-details/community-rule-grievance-process.

Complete this form to report a setting that you believe does not comply with the Community Rule. Email the completed form to us at CommunityRuleGrievance@mass.gov.

If you have any questions or concerns, call us at (617) 573-1751.

Waiver Participant Information

Fields marked with * are required.

First and Last Name * _____

Date of Birth (MM/DD/YYYY) * _____

Type of Waiver, if known. Check one.

☐ ABI Non-Residential Habilitation Waiver

☐ ABI Residential Habilitation Waiver

☐ Children's Autism Waiver

☐ DDS Adult Supports Waiver

☐ DDS Community Living Waiver

☐ DDS Intensive Supports Waiver

☐ MFP Community Living Waiver

☐ MFP Residential Supports Waiver

☐ Traumatic Brain Injury Waiver

☐ Frail Elder Waiver

MassHealth ID (if known) _____

Method of contact * Choose one.

☐ Phone. Phone number _____

☐ Email. Email address _____

☐ Other. Describe _____

Preferred spoken language _____

Preferred written language _____

Information for Person Submitting this Form

Complete this section only if the person submitting this form is different from the waiver participant.

First and Last Name * _____

Phone number * _____

Email * _____

Relationship to waiver participant * _____

Does the waiver participant know that you're filing this grievance? * ☐ Yes ☐ No

Waiver Case Manager or Service Coordinator (if known)

Name _____

Agency _____

Phone number _____

Email _____

Setting or Location

Name of setting or location that you wish to report * _____

Address, city or town *

Description of grievance or issue *

[illegible]