

<p>APPEAL of Decision on Complaint</p> <p>104 CMR 32.04</p>	<p><u>For Department Use Only</u></p> <p>Log#: _____</p> <p>Date Received: ____/____/____</p> <p>Received By: _____</p>
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Send this Completed Appeal Form to:

The Name and Address Shown in the Decision Letter You are Appealing.

Complaint Log Number: _____

(Use back of this form or attach a supplement to provide additional information if there is not enough room below.)

1. Person Appealing the Decision: Name, Address, Telephone Number: (The Client, a Client's Legally Authorized Representative, or an Authorized Individual.)

The following information is needed if filed by the Client's Legally Authorized Representative or Authorized Individual:

State the type of authority (e.g., court appointed, custodial parent): _____

Attach a copy of the appointment or authorization, if applicable.

2. Name and Address of Program or Facility Where Original Complaint was Filed:

3. Date Original Complaint Filed: _____

4. Date of Administrative Resolution, Fact Finding or Investigation Report:

5. Date of Decision: _____

6. Name and Title of Person Who Issued the Decision:
