

## Front Door Diversion Program 2.5 Grievance Appeal Form

Instructions: This form can be used to share a problem or ask for a review of activities done before or after being placed in the program. Please fill out all sections, and only write 'N/A' if you do not have information to share. Forms that have missing information may be sent back to be fixed so that your problem can be reviewed. Please send this form by email, [DHS.DMHFrontDoor@illinois.gov](mailto:DHS.DMHFrontDoor@illinois.gov), or by mail to 401 S. Clinton St., 2<sup>nd</sup> Fl, Chicago, IL 60607. If you need any help with sharing your concern, please call FDDP Leadership at 312-793-7205.

**Grievance/Appeal Type:** Choose an item.

<b>General Information: This section should include the Referred Consumer or Program Participant's information.</b>	
Name: Click or tap here to enter text.	Address: Click or tap here to enter text.
Phone: Click or tap here to enter text.	Email: Click or tap here to enter text.
Name of Person Filing Grievance/Appeal: Click or tap here to enter text.	Relationship to Person Filing: Choose an item.
FDDP Provider: Choose an item	FDDP Provider Contact: Click or tap here to enter text.
Date of Event: Click or tap to enter a date.	Report Date: Click or tap to enter a date.

<b>Please share your problem (Grievance or Appeal) and include people involved.</b>
Click or tap here to enter text.

<b>FDDP Provider Steps Taken to Resolve Grievance/Appeal.</b>
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Click or tap here to enter text.

### Share a Solution to the Grievance/Appeal.

Click or tap here to enter text.

**Meeting Request:** Choose an item.

**Preferred Method of Communication:** Choose an item.

The Referred Consumer or FDDP Participant may approve IDHS-DMH to speak to an authorized representative. If relevant, please complete the following:

I understand that my approval will remain effective for six (6) months from the date of my signature and that the information will be handled confidentially and will follow all related federal and state confidentiality laws.

I hereby approve IDHS-DMH to obtain and or release information as it relates to this grievance/appeal from:

Click or tap here to enter text.

**Name of Authorized Representative**

Click or tap here to enter text.

**Email or Phone**

Click or tap here to enter text.

**Consumer or Participant Signature**

Click or tap to enter a date.

**Date**

Please keep a copy of this form for your record. The signature above says that you are filing a grievance or appeal and all information on this form is truthful. IDHS-DMH, will determine the outcome of the review and provide written response to the FDDP Provider, FDDP Referred Consumer or FDDP Participant and/or their authorized representative on this form.

Received: Click or tap here to enter text.

Click or tap to enter a date.

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**DMH Representative Signature**

**Date**

**IDHS-DMH Only: Comments/Questions**

Click or tap here to enter text.

**IDHS-DMH Only: Recommendations/Actions Taken**

Click or tap here to enter text.

Determination: Choose an item.

Determination Date: Click or tap to enter a date.

Click or tap here to enter text.

**IDHS-DMH Representative Signature**

Click or tap to enter a date.

**Date**