(Office use only) #



Customer Services Grievance

Instructions:

If you (or someone you are the legal guardian/representative for) receive services through Network180, you have the right to express your concern(s) about those services. Network180 Customer Services will review your concern and attempt to resolve the issue within 90 days per State of Michigan requirements. You will receive written notice of the steps taken to address your concerns. Please send this completed form to Network180 Customer Services: **790 Fuller Ave. NE, Grand Rapids, MI, 49503**. Fax: **(616) 336-3593**, or email: **customerservices@network180.org.** *Keep a copy of this form for your records.*

Name of person served	Le	Legal Guardian/Representative's Name (if applicable)				
Address, City, State, ZIP	P	none Number		E-mail		
Recipient's Date of Birth (mm/dd/yyyy)	v	When is best to call? (Check one)				
		8:00 AM - Noon	1:	00 - 5:00 PM	Both/no preference	
Describe your concern (attach additional pages if necessary):						
What would you like to see happen to a	ddress your c	oncern?				
Signature	Date	Name of pe	rson assi	sting to complete	e form (if applicable)	
0					, ,	
Network180 Customer Services	L					

Customer Services Hotline: (866) 411-0690 | (616) 855-5206 TDD/TYY: (800) 649-3777 or Dial 711