

## **APPEAL**

To:	SEICAA	County:
	641 N. 8 <sup>th</sup> Avenue Pocatello, Idaho 83201	Date:
I here	eby appeal from the decision rendered v	with regard to the action as described below:
Chec Date Enter	k action Application Denied Benefit Reduced Benefit Denied Services Denied Other (Please describe) of action: tin space below a statement as to why son the service(s) or benefit(s) were unjugated.	Type of Assistance: Community Services Weatherization Services HHS Mentoring Housing Services Veterans Services Meals on Wheels Retired Senior Volunteer Program Other (Please describe)
Nam	le:(Please Print)	Address: (Please Print)
Signature:		Phone/ Message No:

The complaint or grievance shall be submitted in writing within 14 days from the date of the original letter to the Program Director, a written response to the complaint shall be sent within (10) working days. If no mutually satisfactory solution is reached, the complainant may appeal in writing within 14 days to the Operations Director or Executive Director, written response to the complaint shall be sent within (10) working days. If no mutually satisfactory solution has been reached, the complainant may request the complaint be submitted to the funding source applicable. If the person feels he/she has not had the complaint settled to his/her satisfaction, the person may choose to contact a Legal Aid representative at their expense.