



PRSN

PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

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(Date)

RE: PRSN Grievance Resolution (Template)

Dear _____,

On (date), you filed a Grievance with the Peninsula Regional Support Network (PRSN) regarding: (briefly state issue)

This letter is to inform you that the PRSN has investigated your grievance and would like to offer the following resolutions:

- (one)
- (two)
- (three)

If you do not agree with the resolutions offered above (all or partial), you may contact the mental health Ombuds services to further address your concern and for assistance in pursuing a satisfactory response through the Fair Hearing process. You can reach the Ombuds at (360) 692-1582 or toll free at 1-888-377-8174.

In addition, if you feel that because you have filed a grievance your care is being compromised or you believe you have experience retaliation in some way, please contact me or the Ombuds services immediately. You can reach me directly at (phone number) or toll free at 1-800-525-5637.

Sincerely,

Name
Title