



COMPLAINT/GRIEVANCE FORM

Public Partnerships LLC (PPL) works to provide the highest quality service possible. To file a complaint about PPL service, complete this Form.

Please fill in all the fields below. Return the form by email to PAODP@pplfirst.com. If any fields are left blank on this form, PPL staff will contact you. We will request the form be fully completed and re-submitted. If more details are needed, staff from PPL will contact you.

PPL will acknowledge the complaint within one business day. PPL will resolve the complaints and grievances within five business days of receipt; and respond in writing to the individual or entity that initiated the grievance with the outcome.

Your Name

First:

Middle:

Last:

Role in the ODP PDS Program:

- Participant
 Common Law Employer (CLE)
 Administrative Entity
 Other
 Support Service Professional (SSP)
 Vendor
 Supports Broker
 Family or Friend

Your Mailing Address

Address:

Address 2 (APT., STE., etc.):

City:

State:

Zip Code:

Your Contact Details

We need to have a way to reach you. Please fill in the boxes below.

Email:

Cell Phone:

Home or Other Phone:

Public Partnerships can text me. They may text me at the cell phone number above. Yes No
 I understand that carrier charges may apply.

Participant Name

First:

Last:

PPL ID:

Complaint

Complaint Topic: (Check all that apply)

Enrollment of CLE Enrollment of SSP SSP Timesheet Vendor Invoice

Payment Taxes Other

Write your complaint below. Give as much detail as possible. Provide the dates of contact with:

- PPL Customer Service, or
- Other PPL staff.

Also, please include the names of persons contacted at PPL.

Complaint statement:

What outcome to the situation would you prefer?

Your Signature

Signature:

Date: