Formal Grievance Form

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Powered by PPL

Public Partnerships LLC (PPL) works to provide the highest quality service possible. If you are unhappy with our services, this form is used to inform PPL and request its response.

Your Name (first, middle and last):

_____

Member Name (first, middle and last):

_____**PPL ID:** _____

Instructions: Complete all the fields below. Return the form by email to cocdassadmin@pplfirst.com. If any fields are left blank on this form, PPL staff will contact you. We may request the form be filled out again and resubmitted.

Your Role

☐ Member ☐ Authorized Representative ☐ Attendant
☐ Other: _____

Contact Details and Preference

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

The best way to contact you is: ☐ Phone ☐ Email ☐ U.S. Mail

Do you want PPL to text you? (Cell phone carrier charges may apply)

☐ Yes ☐ No

Grievance Details

What does your grievance concern?

☐ Member Enrollment ☐ Attendant Enrollment ☐ Payment

☐ Taxes ☐ Customer Service

☐ Other: _____

Grievance Statement

Write your grievance statement below. Provide as much detail as possible. Provide the dates of contact with PPL Customer Service and/or other PPL staff. Also, please include the names of any people you contacted at PPL.

If you need more space, please attach another page to this form.

Do not include your or anyone else's sensitive or protected information. Some examples of sensitive or protected information include:

- Social Security number,
- Employer Identification Number (EIN), or
- An Individual Taxpayer Identification Number (ITIN).

Grievance statement:

What outcome to the situation are you looking for?

What You Can Expect After Submitting Your Grievance

PPL will contact you within one business day after we receive the fully completed form. We will let you know that we have your Formal Grievance Form. PPL will attempt to resolve your grievance within five business days after receiving this form. We will respond

in writing to your grievance. We will give our response to the person or entity that submitted the grievance.

Your Signature

Signature:

_____

Date: _____

Printed Name (first and last):

_____