**SAMPLE DA/SSA GRIEVANCE RESPONSE**

**Insert Letterhead**

 

June 12, 2024

[CLIENT NAME]

[CLIENT ADDRESS 1]

[CLIENT ADDRESS 2]

[CITY] [STATE] [ZIP]

Dear [CLIENT NAME]:

A **grievance** tells us you think we did not treat you right. You filed a grievance that said: <summary of grievance>.

We looked at your case. This is what we looked at.

<Summary of evidence used.>

After looking at your case, here is what we found:

 <Summary of grievance decision and the basis of the decision in sufficient detail for beneficiary to understand >

Do you disagree with our review? You can ask for a Grievance Review. To ask for a grievance review you must let us know within 10 days of this letter (insert date)

Do you have questions? Then call me at [**enter phone number**].

The Office of the Health Care Advocates can also help you with grievances. They can be reached at 1-800-917-7787 or on the web at vtlawhelp.org/health.

Sincerely,

[Staff Name]

Grievance and Appeal Coordinator

cc: file Grievance Response Letter