**Sample Grievance Response Letter**

**Insert Letterhead**

 

January 26, 2018

[BENEFICIARY NAME]

[BENEFICIARY ADDRESS 1]

[BENEFICIARY ADDRESS 2]

[CITY] [STATE] [ZIP]

Dear [BENEFICIARY NAME]:

We have received your grievance about:

[GRIEVANCE ISSUE]

Here is what we found:

[HOW ADDRESSED]

If you are not satisfied with this response you may ask for a **grievance review** within the next 10 days. In a grievance review we will take another look at your grievance, how we addressed it, and the information we based our response on, and any new information that you can now give us.

If you want to ask for a grievance review or have any questions, please call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

The Office of the Health Care Advocates may be able to help you. 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