**Sample Grievance Acknowledgement 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]

We will look into your grievance and mail you a letter by [GRIEVANCE DUE DATE].

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.

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

Sincerely,

[Staff Name]

Grievance & Appeal Coordinator

cc: file

DVHA 220GCGA-G2

12/17