



Authorization to File a Grievance or Complaint for Me

Instructions: Fill out this form if you want someone else to ask for help on your behalf or file a complaint for you. If we don't have this form, we will send their request back. If needed, this form can be e-mailed to GrievancesMailbox@TrilliumNC.org

To Trillium Grievance Department,

I give permission for:

Name of the person helping me: _____

This person can ask for help and file a grievance or complaint for me about this problem:

My relationship with this person (check one):

☐ Spouse ☐ Parent ☐ Friend ☐ Provider ☐ Other _____

I know the person helping me might get a copy of the decision. Please check one:

☐ **YES**, I give permission for this person to get a copy of the decision.

☐ **NO**, I do not give permission for this person to get a copy of the decision.

This permission starts on this date: _____

It will last for up to **45 days** so the process can be finished. I understand that Trillium may talk to this person about my grievance or complaint. If you have questions, you can contact me using the information below.

Sincerely,

Your Name: _____

Your Signature: _____

Phone Number: _____ Date: _____

