



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Traylor
Director

Arizona Refugee Resettlement Program Grievance Receipt Form

As the Resettlement Agency representative, I _____ CERTIFY that I have received a grievance notice form (Client's Name) _____ on (Date) _____. I CERTIFY that I will work with the client to develop a mutually agreeable action plan to resolve the grievance and will work with the client to amend their Self-Sufficiency plan to reflect this.

Client Signature: _____ Date: _____

Case Worker Signature: _____ Date: _____

Interpreter signature: _____ Date: _____

I _____ CERTIFY that I have notified (Case-Worker Name) _____ about grievance that I have encountered on (Date) _____. I CERTIFY that I will work with my case worker to develop a mutually agreeable action plan to resolve the grievance and will work with my case worker to amend my Self-Sufficiency plan to reflect this.

Client Signature: _____ Date: _____

Case Worker Signature: _____ Date: _____

Interpreter signature: _____ Date: _____