



# CITY OF PHILADELPHIA

Department of Public Health  
Commissioner's Office

**Office of HIV Planning**  
340 North 12<sup>th</sup> Street, Suite 320  
Philadelphia, PA 19107  
Phone (215) 574-6760  
Fax (215) 574-6761  
www.hivphilly.org

## Philadelphia EMA HIV Integrated Planning Council Grievance Form

Grievances may be filed against the Planning Council for the following deviations from policy:

- deviations from an established, written priority-setting or resource-allocation process (for example, failure to follow established conflict-of-interest procedures); and
- deviations from an established, written process for any subsequent changes to priorities or allocations.

To file a grievance with the Philadelphia EMA HIV Integrated Planning Council, this form must be completed, submitted, and received by the Office of HIV Planning within 30 days of the date of the alleged deviation. Grievants will be contacted within ten (10) working days of the receipt of this form by a designee of the Office of the Health Commissioner.

When completed, submit this grievance form to the Office of HIV Planning, 340 North 12<sup>th</sup> Street, Suite 320, Philadelphia, PA 19107.

Name of Grievant(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number (daytime): \_\_\_\_\_

Date of alleged deviation from established policy: \_\_\_\_\_

Which policy was allegedly deviated from? \_\_\_\_\_

Describe in detail the alleged deviation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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