1557 Discrimination Grievance Form

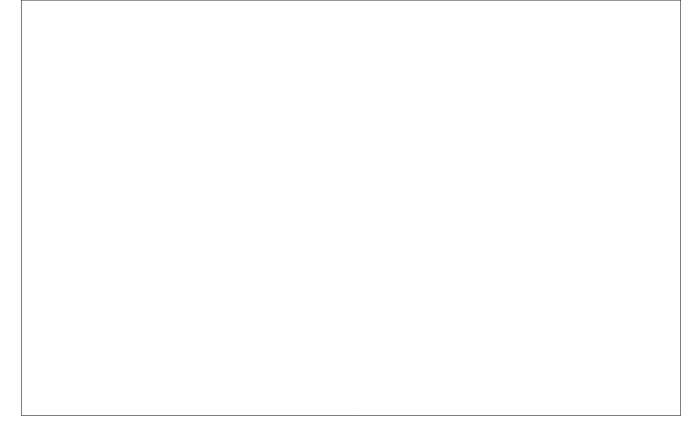
Mail to:Patrius Health
Birmingham Service Center
Corporate Compliance Office
450 Riverchase Parkway East Birmingham, AL 35244

Email to: <u>1557GrievanceMS@patriushealth.com</u>

Information about you:

Name			
Street Address			
City	State	Zip	
Telephone number(s)	Telephone number(s)		

Brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated:



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Any other relevant information

Your signature and date of complaint

Signature	Date		
Name of the person on whose behalf you are filing (if you are filing a complaint for someone else)			

Information you may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed