OFICINA DE PROTECCIÓN Y DEFENSA
DE LAS PERSONAS CON IMPEDIMENTOS
OPDPI
GOBIERNO DE PUERTO RICO

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Complaint Form Grievance Policy of Office of Protection and Advocacy for Persons with Disabilities (PRP&A)

Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Please write your complaint using the following questions as a guide:

What is the reason for the complaint?

What did PRP&A do or fail to do? When did it happen?

If the complaint is related to how PRP&A operates its programs, please describe your concern.

What do you expect PRP&A to do now?

Are there any deadlines PRP&A should be aware of, especially those that are approaching?

Include any other information you consider relevant.

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I certify that the information provided is true and that the events described correspond to what occurred. I consent to an investigation of the matters presented here as part of due process of law.

_____

Name of the complainant

_____

Signature of the complainant