LAS VEGAS TRANSITIONAL GRANT AREA

Effective June 1, 2023 **TGA Provider Grievance Log**

Provider Name: _____ **Year: GY 2023 - 2024**

Reporting Period: ☐ **Mar-May** ☐ **June-Aug** ☐ **Sept-Nov** ☐ **Dec-Feb**

Client Identifier	Date Received	Grievance Type	Disposition Select One: Resolved/Appeal Requested	Disposition Date	# Days to Disposition

The count of calendar days begins with the receipt date and does not include the final date of disposition. (For Example, if a grievance was received Thursday March 8, 2015 and disposed of Tuesday March 12, 2015, the number of calendar days would be five (5) days.)