

**Assurance Grievance
Request for Review of Executive Director's Decision**

To: Executive Committee of Board of Directors
Disability Rights Tennessee (DRT)

I _____ wish to request review of DRT's Executive Director's decision regarding my Assurance Grievance.

I have attached a copy of the Assurance Grievance form that I previously submitted to DRT's Executive Director along with a copy of the Executive Director's response.

I disagree with the Executive Director's response for the following reasons:

PRINT NAME _____

SIGNED _____ DATE _____

ADDRESS _____

TELEPHONE _____

Mail completed form to:

Disability Rights Tennessee
2 International Plaza; Suite 825
Nashville, TN 37217