



## Grievance Form

North Carolina ILDVR iLIFE program consumers and/or their Attendants may file formal grievances regarding any aspect of their experience in the ILDVR program.

To file a formal grievance, please complete this form. If you have questions or need assistance completing this form, contact North Carolina ILDVR iLIFE Customer Service at 1-888-851-2420.

Complainant Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attendant Number (if applicable): \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Subject of Grievance:  Attendant  Consumer  iLIFE  ILDVR

### Summary of Concerns

Please describe your concerns. Include a brief description that includes specific details of your complaint, such as dates, times, persons involved, etc. If you need more space, please feel free to attach additional pages. Once the form is received, a representative will contact you to discuss your concerns.

Submit all grievances to iLIFE. iLIFE will forward your grievance to the appropriate representative.

iLIFE, LLC  
6100 North Baker Road  
Glendale, WI 53209  
Fax: 1-800-441-1569  
Email: NCIL@iLIFEfms.com

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_