



ANNUAL ACKNOWLEDGMENT OF DISPUTE, GRIEVANCE, AND RIGHTS POLICIES AND PROCEDURES

I acknowledge that I have received a copy of the following Policies and Procedures:

- Dispute Resolution
- Grievance and Complaint
- Rights

I further acknowledge that I have the right to review them, have them explained to me, in full or in part, and have my questions answered. I have also received a copy of the supplemental handouts for Dispute, Grievance and Rights.

Pikes Peak Respite Services strives to provide understandable information and is committed to ensuring you understand the content in all agency policies and procedures.

These policies and procedures will be reviewed upon admission into services with Pikes Peak Respite Services, annually thereafter, and anytime a change is made to services.

Should I wish to receive further clarification of these procedures, I understand that I may contact the Director.

Signature of Person Receiving Services

Date

Signature of Guardian/Parent of a Minor/Authorized Representative, as applicable

Date

Signature of Pikes Peak Respite Services Representative

Date