

**Metro Support Services, Inc.**

P.O. Box 966  
Eastlake, CO  
80614-0966

Phone: 720.872.2730  
Fax: 720.872.2738

**Receipt of Grievance Resolution Policy**

I, \_\_\_\_\_, have received a copy of Metro Support Services, Inc. Grievance Resolution Policy. I have had the opportunity to read this policy and/or have someone read it to me. I have had the opportunity to have my questions answered regarding this policy. I understand that I may contact a Metro Support Services, Inc., staff person for any question I may have regarding this policy or to request assistance in the process of filing a grievance.

I understand that a copy of this policy/procedure can be accessed on the Metro Support Services, Inc. website at any time at [www.metrosupport.net](http://www.metrosupport.net).

Name of Person Receiving Services: \_\_\_\_\_

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

Relationship to Person Receiving Services: \_\_\_\_\_