

Meals on Wheels of Rockingham County

Denial of Services Request for Review Form

Meals on Wheels of Rockingham County strive to offer the best possible service that we can. If you have applied for services and been denied either in writing or verbally, you may request a review of the denied service. Please fill out this form and submit it to: MOWRC, ATT: Operations Director at 106 North Road, Brentwood, NH 03833.

Or emailed to Operations@RNMOW.org. A request for review can also be made over the phone by calling 603-679-2201 and asking for the Operations Director.

1. Name of person complaint is regarding: _____

2. Mailing Address: _____

3. Phone Numbers: _____

4. Email Address: _____

5. I was denied services for the following program(s) and would like to review this decision:

Home Delivered Meals Congregate Meals Transportation

7. Why do you feel the denial of services is unfair and what would you like to review regarding the decision? Please include as much detail as you can. Attach a copy of a denial letter if you have one. Attach a separate piece of paper if more space is needed.

8. Please identify any special accommodation that you will require to complete this review: _____

The Operations Director will review your complaint and contact you within 30 business days to discuss the situation and help find a resolution.

SIGNATURE: _____ DATE: _____

If this is being filled out on behalf of someone else, please provide your name, phone number and relation to the complainant. _____

Office Use:

Date form was received _____ Date it was reviewed _____

Name of person(s) involved in the review _____

Attach notes regarding this review to this form including resolution of the situation.

Was DHHS informed of this complaint? _____