

**Public Partnerships, LLC**  
601-3 East Brockway Avenue, Suite E  
Morgantown, WV 26501  
Phone 888-775-9801  
Fax 304-296-1932



**West Virginia Personal Options  
Traumatic Brian Injury Waiver Program  
Grievance Form**

Public Partnerships, LLC (PPL) strives to provide the highest quality service possible. In the event you are dissatisfied with PPL services you may notify your Resource Consultant or complete and submit the grievance form to:

Mail:  
Public Partnerships, LLC  
601-3 East Brockway Ave., Suite E  
Morgantown, WV 26501

Email or Fax:  
[pplwvtbi@pcgus.com](mailto:pplwvtbi@pcgus.com)  
866-616-5497

PPL grievance process includes two levels; (1) Level One – a PPL program manager will review the issues with you and other necessary parties to determine resolution, (2) Level Two – the grievance form and all other information will be forwarded APS Healthcare where a final meeting or decision will be made.

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Representative (If applicable) \_\_\_\_\_  
Phone: \_\_\_\_\_

Statement of Complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relief Sought:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEVEL ONE** - Meeting of Resource Consultant and/or Fiscal Management Entity and Member

Date of Meeting: \_\_\_\_\_

Individuals Attending Meeting: \_\_\_\_\_  
\_\_\_\_\_

Decision/Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Decision: \_\_\_\_\_

- I am satisfied with the Level One Decision
- I am not satisfied with the Level One Decision and wish to move to Level Two

**LEVEL TWO** – Referral of grievance to the APS Healthcare

Date of Meeting: \_\_\_\_\_

Individuals Attending Meeting: \_\_\_\_\_  
\_\_\_\_\_

Date of Decision: \_\_\_\_\_

Decision/Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_