

New Jersey DDD Self Directed Option Program Complaint Appeal Form

If you previously filed a Complaint Form with PPL and received a Complaint Response from PPL that you wish to appeal, please complete this Complaint Appeal Form and return by email to NJDDD-ADMIN@pcgus.com. If additional information is needed, a PPL representative will contact you. If no further information is needed, PPL will provide a response within five business days of receipt of this form. All fields must be filled in. If any fields are left blank, a PPL representative will contact you to request that the form be corrected and re-submitted.

Submitter's Information	
Name: _____	PPL ID (if applicable): _____
Role in Program: <input type="checkbox"/> Participant <input type="checkbox"/> Employer of Record <input type="checkbox"/> Self-Directed Employee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Vendor/Provider Agency <input type="checkbox"/> Other _____	
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____	Phone Number: _____
Best time to contact: _____	Email: _____
Date Complaint Appeal form submitted: _____	

Complainant's Appeal Statement
(Please explain the reason for the appeal and describe how/why you disagree with the official response from PPL)

Desired Outcome of Appeal

Signature _____

Date _____