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**IOC Formal Objections to Specific Problems or Client Rights Violation/s**

***Instructions:*** *To expedite the process, this optional template can be used upon the majority vote of a quorum of IOC members to submit a formal objection to “specific problems or client rights violation by department employees or service providers” to an Agency Director (A.R.S. §41-3804.F & A.R.S. §38-431). The IOC Chairperson should ensure completion of the form, then sign, date, and submit to the appropriate agency via email and send a copy to ADOA at ioc@AZ.gov.*

***NOTE: The information contained within this document is confidential and shall be sent directly to the Agency Director according to A.R.S. §41-3804(F)***

**IOC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IOC Chairperson/Designee Submitting Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IOC Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(actual meeting date that the formal motion made/approved by a majority vote of IOC Members to submit the formal objection)*

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| **Name of Agency involved:** |  |
| **Name of Client/s involved:** |  |
| **Name of Service Provider involved:** (*if applicable*) |  |
| **Name/s of department or provider employee/s involved:** |  |
| **Detailed description of the objection, problem and/or specific client rights violated:** |  |
| **Known date/s and/or time/s of occurrence/s:** |  |
| **Supporting evidence:** (*summarize and attach any related documentation/ information if needed*) |  |
| **Other specific/relevant information:** |  |
| **Recommended relief/resolution:** (*if applicable*)  |  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Submitted:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_