

**Nebraska Health Care Learning Center  
Grievance/Appeal Form**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Description of the Problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student desire to appear in person at the hearing?  Yes  No

File form with  
Director of LTCWIN  
3900 NW 12<sup>th</sup> Street, Suite 100  
Lincoln, NE 68521  
Fax: (402) 475-6289

Office Use Only Received _____ Filed By _____ Action _____
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