



Certified Peer Recovery Specialist

Grievance Form

This form is to be used to file a grievance against the decision that the Department of Mental Health and Substance Abuse Services made regarding your certification or renewal certification or admittance to the Certified Peer Recovery Specialist (CPRS) Training. Please include documentation of the non-admittance into the training or denial of certification or renewal certification. The CPRS Advisory Committee will review the grievance.

Send the completed form to:

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
5th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
cprs.tdmhsas@tn.gov

APPLICANT:

Your Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §10-7-502(a), "all state...records...shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses.

- The information contained in this complaint, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief.

Signature of Applicant _____ Date _____