

NOTICE OF FACILITY DIRECTOR'S DECISION

Date: _____

Attached is the decision of the facility director.

_____, regarding the:

- Review of denial of admission (405 ILCS 5/3-405 and 4-312)
- Objection to transfer (405 ILCS 5/3-920 and 5/4-709)
- Objection to discharge (405 ILCS 5/3-903 and 4-704)

of _____
(individual's name)

If you do not agree with the decision, you may request a review of the facility director's decision by the Department Secretary by submitting either the form below or your own written request to either the facility director or to the Department Secretary, Department of Human Services, 401 S. Clinton St., 7th Floor, Chicago, IL 60607

A copy of this form was provided to the individual or his/her authorized representative in

English Spanish Other (specify): _____

by (Printed Name and Title): _____

Signature: _____ on (Date): _____

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DETACH HERE**

To the Department Secretary

I do not agree with the decision of the facility director, _____
(facility name)

Denial of admission Transfer Discharge

of _____
(individual's name)

I believe the facility director's decision to be incorrect because:

(if more space is needed, use the back of this form)

I hereby request a review of that decision.

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Relationship to the Individual: _____