

CVAD Appeal Form
Claims/Budget Revisions



Agencies have the right to appeal certain decisions made by CVAD. Complete this form to appeal decisions regarding claims for reimbursement or budget revisions. Once completed, either email or send by regular mail to your CVAD primary contact.

CVAD Contract Number: _____

Name of Organization: _____

What decision is being appealed (be specific): _____

What outcome do you want CVAD to consider related to the issue described above? Is there a compromise you want CVAD to consider, if so, please describe? _____

Attach any supporting documentation to support your request.

Name, Title	Signature	Date
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RETURN COMPLETED APPEAL TO:
Crime Victim Assistance Division
Iowa Attorney General's Office
Lucas State Office Building, Ground Floor
321 E. 12th Street
Des Moines, Iowa 50319

OR
EMAIL:
CVAD Primary Contact