**[Agency/Program] Grievance Policy and Procedure**

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| **Author:**  | **Effective Date:** |
| **Review/Edited:** | **Edit Date:** |

**Policy:** Program participants have the right to register formal complaints regarding termination, services received and experiences with *[program]* without denial/impact to future services based upon such complaints. If seeking an appeal of a decision, program participants should submit a written grievance no later than five (5) days after the concern occurs and can expect to receive a written decision by [designated agency staff] within ten (10) working days of filing a grievance. ***General concerns regarding experience in the program that will not appeal a decision made by program staff can be submitted at any time.***

If the participant is dissatisfied with the decision of the [designated agency staff] they have the option to submit their complaint in writing to a designee on the Board of Directors for consideration/discussion at the next board meeting. The designee on the Board of Directors will provide the participant with a **final, written decision** no later than five (5) business days after the board meeting.

To insure fairness in decision making, staff involved in the initial concern/incident will not be involved in the grievance/appeal decision making process. *[Agency: include language on internal controls for decision making and insurance of fairness]*

***Recommended:***A summary of received grievances/concerns and final outcomes should be shared with the agency Board of Directors at least quarterly.

**Rationale:** In order to strengthen service delivery for all people who access [Agency/Program] it is important to hear feedback and concerns from program participants. Should a participant disagree with a decision made by program staff or wish to share a concern regarding their experience with the program, there should be a clear, standardized process in which to file grievances without fear of retaliation or impact to access of services.

**Procedure:**

1. Participants should provide a written summary of their grievance/concerns to *[designated agency staff]* within five days of an incident. A concern/grievance form will be provided.
2. The *[designated agency staff]* will review the received concern, conduct any necessary follow-up with agency staff and meet with the program participant to discuss the issue in person no later than five (5) business days from receipt of the concern.
3. The *[designated agency staff]* will provide a written decision to the program participant/s and all involved parties no later than ten (10) business days from the receipt of the concern.
4. If the program participant is dissatisfied with the decision of the [designated agency staff] they have the option to submit the written grievance form to the Board of Directors within five (5) business days of the [designated agency staff’s] written decision.
5. The Board of Directors will review the grievance/concern at the next scheduled board meeting.
6. The designee on the Board of Directors will provide the participant with a **final, written decision** no later than five (5) business days after the board meeting.
7. The concern/grievance form and final outcome of the grievance should be documented in the program participant’s file.

RECORD OF CONCERN/GRIEVANCE

This form is to be used by program participants to share concerns and/or grievances regarding termination decisions, the level of service quality, violation of program policies, or breaches of confidentiality. Once completed, return this form to the [program/agency’s designated agency staff]. Please submit the concern/grievance form within five (5) days of the incident/concern, if you are hoping for an alternate decision outcome as a result of submission.

Please complete the following information:

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| Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Incident/Concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Briefly describe the incident or concern:

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Briefly describe your expected resolution to this problem or concern:

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Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your signature provides consent for release of information regarding this grievance to relevant program staff and the Board of Directors.*

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| THIS PAGE – OFFICE USE ONLY | Designated liaison for this grievance |  |

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| Step 1 | Date this form provided to case manager |  | Date of meeting with client |  |
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| Result | Description of proposed resolution |  |
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| Client is satisfied with resolution | ❑ | Client is dissatisfied with resolution | ❑ |
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| Satisfied client signature |  | Date |  | Dissatisfied client signature |  | Date |
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| Step 2 | Date this form provided to board of directors |  | Date of meeting  |  |
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|  | Date of board decision to liaison |  |  |  |
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| Result | Description of proposed resolution |  |
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| Program has received this decision | ❑ | Client has received this decision | ❑ |
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| Liaison signature |  | Date |  | Liaison signature |  | Date |
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