CDS COMPLAINT/GRIEVANCE REPORTFORM

(This document is subject to confidentiality and should be handled accordingly)

If you feel there is a problem or you have been treated unfairly to the point of not being able to resolve the problem or issue, please complete the following complaint process.

**COMPLAINT/GRIEVANCE PROCESS:**

* Think about what is really bothering you.
* Try to discuss your concerns with a staff member currently on duty.
* If you feel satisfied with the discussion, the process ends.
* If you do not feel satisfied with the discussion, complete the reporter section of the Complaint/Grievance Report Form.
* Drop the completed Complaint/Grievance Report Form into the Grievance Box.
* The Complaint/Grievance Report Form will be given to a counselor, or supervisor who will review your concerns with you.
* If you are not satisfied with the outcome of the discussion, the form will be forwarded to a higher-level supervisor(s), through the chain of command.

TO BE COMPLETED BY THE REPORTER:

Participant Name:

Date:

Program Name:

Complaint concerns: \_\_\_ Another participant:

Staff:

Supervisor: \_\_\_ Other (specify):

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Description of the problem:

What have you done to resolve the problem (including names of persons you spoke with)?

What would you like to see happen now?

TO BE COMPLETED BY PROGRAM STAFF:

FINAL RESPONSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff signature: Title: Date:

I agree ; I do not agree ; with the action taken. I have received a copy of this complaint after the final written response. Participant signature: Date:

Chain of command involved/informed: (indicate with a date which person(s) reviewed the complaint)

/ / /Counselor \_\_\_/\_\_\_/\_\_\_/Site Supervisor /\_\_\_/\_\_\_/ Director \_\_\_/\_\_\_/ /COO \_\_\_/\_\_\_/\_\_\_/CEO

Reason if not resolved within 72 hours:

Attach any applicable documentation to this form. Do not file forms in participant file/ record. Place original Complaint/Grievance Report Form in the “Complaint/Grievance Log” along with any applicable documentation.

Reviewed by Supervisor faxed to COO

Date