HopeNet Client Grievance Form

Office use only:
Date Received:_____
Staff receiving grievance: _____
Grievance Response Sent: _____

Grievance Filed By: _____ ☐ Former client ☐ Current Client

Phone Number: _____ ☐ Home ☐ Work ☐ Cell Email Address: _____

Preferred method of contact: ☐Cell phone ☐ Home phone ☐ Work phone ☐ Email ☐ Do ***not*** leave message

DESCRIBE GRIEVANCE:

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Name(s) of witness(es), if any and how they can be reached. _____
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_____

STAFF ONLY:

_____ Determine Primary Worker(s): _____
_____ Determine Supervisor(s) of Primary Worker: _____Supervisor's Supervisor: _____
_____ Form provided to Program Director, Copy to Executive Director Date: _____

Investigation by Supervisor

_____ Open case in Penelope (if necessary) to determine the facts about the case
_____ Discuss exact nature of situation with Primary Worker(s)
_____ Verify with witness(es) (if noted)
_____ Determine recommended response _____

Accountability

_____ Supervisor(s) shall discuss grievance and results of investigation with their Supervisor
_____ Present findings to Executive Director

Client Reconciliation

_____ Supervisor shall draft written notification of results of investigation, measures of restitution, and thank client for information/feedback
_____ Letter mailed to client