

## **Grievance Procedures and Expectations**

1. To file a grievance please complete the Tri-Lakes Cares Complaint/Grievance form and return to the Operations Manager via email (OperationsManager@Tri-LakesCares.org) or in person.
2. The form will be reviewed by the Grievance committee and a written response will be given within two weeks of receipt of grievance.
3. If client is not agreeing with presented outcome they may request a face to face with the Executive Director at the Directors convenience.
4. Any grievance is considered confidential to protect the client's identity except from the Operations Manager; the clients name will not be used when conferring with grievance committee.
5. Please take into consideration when filing a grievance that due to funder's guidelines you may receive assistance through a different funding source than another client does. Your situation is different from everyone else's and you may need to meet different requirements (such as budget counseling) so that we can utilize those funds. Please note that we always award assistance on a case-by-case basis.

TRI-LAKES CARES  
CLIENT COMPLAINT/GRIEVANCE FORM

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Please state the date of the events or series of events causing the grievance.

---

---

---

Please state your complaint, including the individual harm alleged.

---

---

---

Please provide specific facts to support your grievance (list in detail).

---

---

---

---

Please specify remedy you seek.

---

---

---

---

Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Client)

*Return completed form to Operations Manager*