

# Tri-Lakes Cares Complaints and Grievances



To file a complaint or grievance, please complete **TLC's Complaint/Grievance Form** and return it to TLC's Operations Manager either in-person or via email at [operationsmanager@tri-lakescares.org](mailto:operationsmanager@tri-lakescares.org). TLC's Leadership Team will review all submissions and provide a written response within two weeks of the date of submission. If the written response does not satisfactorily address the stated complaint or grievance, a face-to-face meeting can be scheduled with TLC's Operations Manager and/or Executive Director to further address the issue. At their request, TLC's Operations Manager and Executive Director will respect the confidentiality of all individuals who submit a complaint or grievance.

*Please note: When serving clients, TLC's Case Management Team assesses and responds to client requests on an individualized, case-by-case basis. They aim to provide appropriate and relevant services for all clients. Funding guidelines and TLC policies guide TLC's responses to client requests. Therefore, clients may not necessarily receive the same services as other clients. Additionally, clients may receive assistance through different funding sources than other clients.*

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## TLC's Complaint/Grievance Form

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

Phone number: \_\_\_\_\_

Preferred Contact Information for Written Response: \_\_\_\_\_

1. Please describe your complaint/grievance. Please include the date of the event(s) associated with your complaint/grievance.

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2. If appropriate, please provide the names/role(s) of individuals involved in your complaint/grievance.

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3. Please provide a remedy that you think would provide an appropriate resolution to your complaint/grievance.

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I prefer that my identity be kept confidential (*Circle one*)                      YES                      NO

By submitting this complaint/grievance, I am requesting that TLC's Operations Manager and/or Executive Director review it with TLC's Leadership Team and provide a written response within two weeks.

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