

# Samaritan House Grievance Policy and Appeal Procedure

All program participants of Samaritan House will be treated equitably and with respect. In the event you feel you have been treated in a manner inconsistent with our written policies and procedures for the program you are currently participating in, you are encouraged to file a grievance. All program participants' grievances will be handled professionally and addressed in a timely and confidential manner. Program participants will not be subject to retaliation or discrimination for filing a grievance.

1. Please put your grievance in writing by filling out the form below. Submit it to the front desk staff member at the office in a sealed envelope. If you have a grievance with a specific employee, address the envelope "To the Supervisor of \_\_\_\_\_" You will be contacted within two business days. A meeting will be arranged to discuss the issue and determine a positive outcome. An action plan will be written and given to you and the staff members involved.
2. The Program Director and the Executive Director will be notified of each complaint. If the grievance has not been resolved, the Program Director will be notified by receiving a copy of the form which states "My grievance has not been resolved." You will be contacted within two business days to speak with the Program Director who will already have a copy of your grievance. A meeting will be arranged to discuss the issue and determine an outcome. An action plan will be written and given to you and the staff members involved. A copy will be placed in your file. The Executive Director will be notified of each unresolved complaint.
3. If you are not satisfied by the above steps, you may request a meeting with the Executive Director. They will be notified by receiving a copy of the form which states "My grievance has not been resolved." You will be contacted within two business days to speak with the Executive Director who will already have a copy of your grievance. A meeting will be arranged to discuss the issue and determine an outcome.
4. If you are dissatisfied with the actions taken at that time, you may write a letter to the Program Review Committee who oversees all Samaritan House services and programs. You will receive a written reply.

# Grievance Policy and Appeal Procedure Form

Please use this form if you find it necessary to file a grievance.

Program Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred contact information: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Write a brief statement describing which policy you feel has been violated:

---

---

---

---

---

---

---

---

---

---

Meeting date: \_\_\_\_\_ Staff Present: \_\_\_\_\_

Action Taken:

---

---

---

---

---

---

---

---

---

---

My grievance has been resolved.     My grievance has not been resolved.

Please give a copy of this form to the Program Director/Executive Director.

Program Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff or Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date \_\_\_\_\_