

CLIENT GRIEVANCE POLICY

It is the goal of Rural Resources Community Action to provide appropriate and adequate services to eligible individuals regardless of actual or perceived race, color, religion, religious creed (including religious dress and religious grooming practices), sex (including pregnancy), gender, gender identity (including transgender identity, status and transitioning), gender expression and sex stereotyping, national origin, ancestry, citizenship, age, physical or mental disability, legally protected medical condition or information (including genetic information), family care or medical leave status, military caregiver status, military status, veteran status, marital status, domestic partner status, sexual orientation, status as a victim of domestic violence, sexual assault or stalking, enrollment in a public assistance program, or any other basis protected by local, state, or federal laws.

It is the policy of Rural Resources Community Action to accept and consider written (**see attached form**) client grievances when clients, their guardian or legal representative feel they have been treated unfairly, discriminated against, have not received program services they believe they are eligible for or otherwise feel aggrieved by any employee or agent of Rural Resources Community Action. Written grievances must be submitted no later than 60 working days from the date of the incident or action that is being grieved. All written client grievances will be investigated promptly and in as impartial and confidential manner as possible, and a timely resolution of each grievance communicated to the parties involved. The Agency prohibits any form of retaliation against clients for bringing forth grievances or providing information about discrimination. Grievance procedures and forms will be made available to any client or their representative requesting them.

CLIENT GRIEVANCE PROCEDURE

- Written grievances must be submitted within 60 working days from the alleged discrimination or action. Grievances submitted outside of this timeline will not be considered.
- Upon receipt of the completed Client Grievance Form the Chief Executive Officer will conduct an investigation of the allegations and provide a decision within ten (10) working days. Grievances regarding some specific program and service areas that require strict control of confidential records may require a signed release of information statement before any investigation can occur. The Chief Executive Officer's decision will be provided in writing to both the complainant (you) and the affected Rural Resources service program.
- If you disagree with the Chief Executive Officer's decision, return the Client Grievance Form with any additional information you feel important within ten (10) working days. This additional information, along with the Chief Executive Officer's decision will be turned over to the Administrative Committee of Rural Resources Community Action Board of Directors for review as an appeal. The Administrative Committee will conduct an investigation of the allegations and provide a decision to the appeal within thirty (30) working days. Requests for time extensions to file and investigate complaints may be granted upon mutual agreement of both parties at any step of the Client Grievance Procedure.

CLIENT GRIEVANCE PROCEDURE (continued)

- A decision becomes final when:
 1. The Administrative Committee of the Rural Resources Community Action Governing Board of Directors does not receive the appeal in a timely manner,

OR

2. When the Administrative Committee of Rural Resources Community Action Governing Board of Directors makes a decision on the appeal.
- Please retain this **CLIENT GRIEVANCE PROCEDURE** cover sheet for your information.

Signature _____

Date _____

**Use additional sheet(s) of paper if more space is required.
Please attach all back-up documentation to this form.**



CLIENT GRIEVANCE APPEAL FORM

To: Governing Board of Directors Administrative Committee Rural Resources Community Action
956 South Main Street, Suite A
Colville, WA 99114

From:

Complainant Name: _____
(first, middle initial, last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work/Msg Phone: (____) _____

Using narrative form, please explain the issue(s) that have precipitated the filing of this complaint. Be as specific as possible, including names, locations, dates, actions and all back-up documentation. Please include your suggested action to correct the complaint.

Signature

Date

**Use additional sheet(s) of paper if more space is required.
Please attach all back-up documentation to this form.**