

GRIEVANCE PROCEDURE FORM July 2017

If you have a grievance toward a staff members and/or our agency as a whole, regarding the services you are receiving, we encourage you to discuss this with us. We welcome comments and feedback as a way to improve the quality of our services.

Filing a grievance shall proceed in this manner:

- The client and/or the client's family may present the matter directly to any staff member either in writing, by telephone, or face-to-face. However, if possible, the client should discuss his/her concerns directly with the staff member involved in the grievance.
- Upon receipt of the grievance, a face-to-face meeting with the client, the staff person involved in the grievance, and his/her immediate supervisor will be arranged within five (5) working days to discuss and resolve the grievance. If the client refuses to meet with the staff member involved in the grievance, a meeting will be arranged between the client and the immediate staff supervisor only. The supervisor will have five (5) working days to reach and to communicate a decision to the client following the meeting.
- If the grievance cannot be resolved as outlined above, the client will be assisted in filling out a formal written grievance to submit to the Executive Director (Attention: Executive Director, 1694 Como Ave, St. Paul, MN 55108). The Executive Director may at his/her discretion hold a face-to-face meeting with the client. The Director will have five (5) working days to reach and to communicate a decision to the client following receipt of the complaint. The Executive Director's decision is FINAL. At this point, the client may appeal to outside sources as he/she wishes.
- At any time during the grievance process or after the above steps have been taken, if the client is still not satisfied, the client may mail a complaint to: Board of Directors, c/o International Institute of MN 1694 Como Avenue St Paul MN 55108
- ***By signing this form, you certify that the procedures above were explained to you and that you understand them. A translated version in your native language will be provided and explained to you if you are not fluent in English.***

_____ Client Name	_____ Client Signature	_____ Date
_____ Staff/Interpreter Name	_____ Staff/Interpreter Signature	_____ Date

If this information was provided in a language other than English complete the following:
Client was informed of the above procedures in the following language:

_____ Interpreters Initials: _____