

Grievance/Complaint Form

The Forest County Commission on Aging is committed to providing you with the opportunity to express your complaint, difficulties, grievance and disagreements. It is the goal of the Forest County Commission on Aging to resolve disputes at the lowest level possible. This internal grievance and resolution process is designed to promote problem solving by the participant and the agency whenever possible.

Your Rights: You are not limited in the number of complaints you can file. You will be free from retribution by the department or its contracted agencies if you file a complaint. Your complaints will be confidential. Clients and others will have access to department decisions made on individual cases. The identity of the client who is subject of the complaint will be kept confidential.

Legal Representation: You have the right to be represented by any combination of the following during any step of the process: family members, guardians, friends, advocates, or an attorney. The department will not pay for your attorney. If you choose to be represented by an attorney, you must notify the Director of the Forest County Commission on Aging at least 24 hours prior to any meeting. The department reserves the right to have its own attorney present. If you do not inform the department and show up with an attorney, the department may delay the meeting or hearing up to five (5) working days.

Corrective Action: The department will take corrective action, if warranted, and provide you with an opportunity for input.

When to file: It is preferable that your complaint be filed as soon as possible after the incident and ideally within 30 days of the incident. The prompt filing of your complaint will result in a more accurate and effective investigation and resolution.

How to File: Complete the Grievance/Complaint form and return it with an envelope marked "grievance" to Director, Forest County Commission on Aging, 200 E. Madison Street, Crandon, WI 54520. Once the form is received the Aging Unit Coordinator will stamp the current date on the outside of the envelope. This sealed envelope will be forwarded unopened to the Director on the day it is received. You will be contacted within 3 working days to set up an appointment, either over the phone or in-person. A formal written response shall be mailed to you within seven working days of receipt of the complaint. If you are not satisfied with the results the letter will include whom to contact for further investigation of the matter.

Thank you for taking the time to communicate your grievance/complaint to us. Your input helps us provide the best quality service possible.

Complete the form on the back of this page and please mail to: Director, Forest County Commission on Aging, 200 E. Madison Street, Crandon, WI 54520.

Grievance/Complaint Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (home) _____

(Cell) _____

(work) _____

Additional Persons to Contact: (if needed)

Name: _____

Phone: _____

Please describe your complaint/grievance in detail: (attach additional pages if necessary)

What relief/resolution are you seeking?

Signature: _____ **Date:** _____