



**Forest County Office on Aging
Policies and Procedures**

Policy Title	Grievance Complaint Policy & Procedure		Approved
Approved by Committee:	02/11/2020	Reviewed by Corp. Counsel:	01/27/2020
Training Required:	No	Revised:	
Date of Review:		Next Review Date:	

PURPOSE: To provide a mechanism and process that insures participants are able to communicate concerns, grievances, or complaints; or in event of an incident where a participant feels they have been treated unfairly by a staff or a volunteer of the program.

POLICY: The program shall have a written procedure for individuals to follow in the event there is a concern of unfair treatment by staff or volunteers of the program. The following information will be obtained:

1. The name and contact information for the persons in the agency who will handle the grievance.
2. The procedures the agency will follow in the event a grievance/complaint is made, including expected time frames to respond and investigate the grievance.
3. A grievance should be in writing and consist of the following:
 - A. The name and contact information for the complainant and any advocates for them;
 - B. A description of the complaint/grievances;
 - C. The relief sought; and
 - D. Signature of complainant.

Example Complaints/grievances:

- A participant receives a meal that is inedible.
- An incident that occurs that violates any policy of Forest County and/or the Nutrition Program.
- A participant has a concern of being treated unfairly by staff or volunteer.

PROCEDURE:

Individuals who feel they have been treated unfairly or have a concern of unfair treatment by staff or volunteers of the Forest County Commission on Aging Senior Nutrition Program shall:

- Be provided with a printed Grievance/Complaint form that includes the name and the complete contact information of person(s) in the agency who will handle the grievance.
- All completed grievances/complaints shall be reviewed by the Aging Director within ten (10) working days.

- A phone call may be placed to the person making the complaint/grievance to obtain further information and/or clarify the situation, if necessary.
- The department will attempt to provide a formal written response to the person who filed the grievance/complaint within 10 working days of receipt of the complaint. This letter will include the contact information of the Commission on aging Chair or County's Administrative Coordinator (County Clerk) should the individual filing the complaint be unsatisfied with the outcome.

REFERENCES:

Wisconsin Policy and Procedure Manual for the Wisconsin Aging Network

Section 8.4.10 *Grievance and Complaint Procedure*



Grievance and Complaint Form



The Forest County Commission on Aging is committed to providing you with the opportunity to express your complaint, difficulties, grievance and/or disagreements. It is the goal of the Forest County Commission on Aging to resolve any and all disputes. 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 complaint's you file. You will be free from retribution by the department or its contracted agencies if you file a complaint. Clients/Participants and others will have access to department decisions made on individual cases.

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. The department reserves the right to have it own attorney present.

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

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/Compliant form and return it to the Director, Forest County Commission on Aging, 200 East Madison Street, Crandon, WI 54520. Once the written compliant or grievance is received the Director will contact you within three (7) working days to set up an appointment, if necessary. The Department will attempt to provide you with a written response within ten (10) working days of receipt of 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.



Forest County Commission on Aging Grievance/Complaint Form

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: (home) _____

(cell) _____

(work) _____

Email Address: _____

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: _____

For Office Use Only

Date received:

Resolution: