





GRIEVANCE FILING FORM ~ CONSUMER

CONSUMER SECTION (to be filled out by consumer):

1. **Consumer Name:** _____

2. **Program/Work Site:**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> VTE - Sacramento | <input type="checkbox"/> ALIVE - Antioch | <input type="checkbox"/> Futures Day Program | <input type="checkbox"/> GARDEN - Antioch |
| <input type="checkbox"/> VTE - Segundo | <input type="checkbox"/> ALIVE - CCTP | <input type="checkbox"/> Supported Employment | <input type="checkbox"/> GARDEN - Livermore |
| <input type="checkbox"/> VTE - Tercero | <input type="checkbox"/> ALIVE - Concord | <input type="checkbox"/> Nifty Thrift | <input type="checkbox"/> GARDEN - Brentwood |
| <input type="checkbox"/> Other _____ | | | |

3. **Date**  **& Time**  **of Incident:** _____

4. **Description of Incident/Problem** (attach sheets if necessary): _____


~~~~~

**STAFF SECTION (to be filled out by staff person):**

1. **Staff Name:** \_\_\_\_\_

2. **Date Brought to Staff Attention:** \_\_\_\_\_

3. **Actions Taken by Staff to Resolve Problem** (attach sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Date Notification Given to Program Coordinator/Director:** \_\_\_\_\_

5. **Follow up action needed:**       Yes       No

**Consumer - I feel this issue has been resolved :**     Agree     Disagree

\_\_\_\_\_  
**Consumer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature / Title**

\_\_\_\_\_  
**Date**





# GRIEVANCE FILING FORM ~ CONSUMER

---

Futures Explored, Inc. ALIVE, VTE, GARDEN



## CONSUMER HANDBOOK

---

### GRIEVANCE PROCEDURE - CONSUMERS

Futures Explored is committed to providing a positive environment for everyone and therefore encourages everyone to be respectful of others. Occasionally, a consumer will have a problem that they cannot solve. When this happens, the following process is used to help the consumer resolve the issue.

If a consumer has a complaint or a problem that cannot be solved without help, the following steps will be taken in the timeline specified:

1. The consumer is encouraged to go to the staff person they feel most comfortable with who will assist them in documenting and solving the grievance.
2. If the staff person does not resolve the situation to the satisfaction of the consumer, the consumer should ask to speak to the Program Director. A time for that meeting will be scheduled within ten working days.
3. The Program Director will investigate and respond within ten working days, in writing and verbally.
4. If the issue is still not resolved, the Program Director will present the documentation with a written request for the Executive Director to take the issue under consideration. The Executive Director has ten working days to get back to all parties involved with a decision.
5. The consumer may decide that they need outside help and will be encouraged and supported to call their case manager or other advocates to get support through the process. This may include a request from the consumer to call an Inter-Disciplinary Team meeting. If requested, a meeting will be held within 20 working days to resolve the issue.

At no time will any of the actions taken because of the investigation lead to any form of retaliation against the consumer, including but not limited to barriers to services provided.

This Grievance Procedure will be verbally reviewed with each consumer prior to being admitted for services and on an annual basis at the time of ISP/IHC meetings. At any time, a consumer may review the procedure and be provided with any necessary clarifications.

This grievance procedure and timeline was voted on at a consumer board meeting, Dynamics, and at the Supported Employment Job Club, in March of 1999.