Program Participant Grievance

**Purpose:** The following procedure outlines the steps to ensure a timely response by the agency in resolving program participant’s significant misunderstandings, conflicts, and/or disputes that have resulted in the filing of a Program Participant Grievance Form.

**Procedure**

**Obtain the Procedure and Form:** All program participants are to be provided with the Program Participant Grievance procedure and the Program Participant Grievance Form as part of their program intake and orientation. In the event that the program participant cannot locate these documents, staff is to provide them when requested to do so. Copies of the Program Participant Grievance procedure and the Program Participant Grievance Form are to be maintained in all staff offices at each agency facility.

**Complete the Grievance Form:** The program participant is to complete the Program Participant Grievance Form.

- **Program Participant Name:** Enter your full name as listed in your intake paperwork.
- **Unit #:** Enter your assigned room, bed or apartment number.
- **Date:** Enter the date you are completing the form.
- **Facility:** Check the box for the facility that the incident(s) occurred at.
- **Staff Member(s) Involved:** Enter the names of the staff members involved in the incident(s).
- **Date/Time of Incident(s):** Enter the date and time that the incident(s) occurred.
- **Witness(es):** Enter the names of any witnesses to the incident(s).
- **Details of Grievance:** In your own words, and as concisely as possible, outline the problem or event. What happened? Who was involved? What action did you take? Who were the witnesses?
- **What Action(s) Do You Expect Next Move to Take?** Enter the actions you expect Next Move to take in response to your grievance.
- **Program Participant Signature:** Sign your full name as listed in your intake paperwork.
- **Date:** Enter the date you completed the form.

**Review of Grievance Form:** The program participant is to review the completed Program Participant Grievance Form with their Case Manager or the Program Supervisor. In the event that the grievance involves that staff member, the program participant may request that another Case Manager or supervisor assist with the review. In the “For Office Use Only:” section of the form, the reviewing staff is to enter their name, the date, and the time that the form was reviewed. Once the review is complete, a copy is to be made for the program participant to keep and for the program participant’s case file.
Gathering Pertinent Documentation: The reviewing staff is to gather and make copies of all pertinent documentation surrounding the grievance. Pertinent documentation may include records of verbal reminders, written program violations, behavioral contracts made with the program participant, copies of program rules signed by the program participant, progress notes, incident reports, and shift log entries. Gathering pertinent documentation must be done within the same reviewing staff shift that the Program Participant Grievance Form is reviewed. Only documentation submitted will be reviewed and considered in final decision.

Forwarding to the Program Director: The completed Program Participant Grievance Form and the copies of all pertinent documentation are to be forwarded to a Director not directly overseeing the staff or program being grieved. The Director is to enter their name, the date, and the time that the form was received.

Grievance Committee: Within 24 hours following the receipt of the Program Participant Grievance Form and all pertinent documentation, the Director will convene a Grievance Committee meeting. The Director is to contact two staff members not familiar with the case to serve on the committee.

Grievance Committee Meeting: During the committee meeting, the Program Participant Grievance Form and all pertinent documentation are to be reviewed and discussed. The committee must reach a unanimous decision regarding the actions the agency will take in response to the grievance. Once a unanimous decision is reached the Director is to complete the Response to Program Participant Grievance Form, notify the program participant of the decision, and issue them a copy of the response form. When responding under action taken, the outcome of the decision will be based on whether documentation provided supports the original decision made.

Executive Director Intervention: In the event the committee is unable to reach a unanimous decision, the Executive Director is to review the Program Participant Grievance Form and all pertinent documentation and make a final decision.

Procedural Note: Program participants who have violated rules which lead to immediate program termination because they pose a threat to the safety and security of the program are to be asked to leave the program immediately. Program participants who have violated lesser program rules and wish to formally grieve the program termination are to be allowed to stay in the program until the grievance process is complete. While program participants are going through the grievance process they are expected to continue to follow program rules. In the event that they do not follow the rules, supporting documentation is to be forwarded to the Executive Director immediately.
Next Move Homeless Services

Program Participant Grievance Form

Program Participant Name: _____________________________________________________________

Unit #: _______  Today’s Date: _________________  Date/Time of Incident: ________________

Location of Incident:

Program:

☐ Step Up Sacramento  ☐ Omega
☐ Home at Last  ☐ Casa de Esperanza
☐ Family Shelter  ☐ Francis House Center

Staff Member(s) Involved: _____________________________________________________________

Witness (es): ______________________________________________________________________

Details of Grievance: ________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

(Use Additional Paper If Needed)

What Action(s) Do You Expect Next Move Homeless Services to Take? ________________

________________________________________________________________________________

________________________________________________________________________________

X __________________________________________  ____________________

Program Participant Signature  Date

For Office Use Only:

Received/Reviewed By: _____________________________  Date: _______  Time: _______

Received by Program Director: _____________________  Date: _______  Time: _______

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