

## Standard Operating Procedure

### Client Grievance Policy and Procedure

It is the policy of Hope Shores Alliance to provide services to survivors without discrimination, in whole or in part, based on the person's race, color, religion, age, sex, national origin, disability status, genetics, veteran status, sexual orientation, gender identity or expression, hearing or Deaf identity, class, economic status, education, immigration status, marital status, physical or mental abilities, weight, height, HIV status, substance use or any other characteristic protected by federal, state, or local laws.

As a client of Hope Shores Alliance, you have the right to file a grievance if you feel you have been treated unfairly in any way. Your eligibility for services and delivery for services will not be impacted as a result of filing a grievance. While anonymous grievances cannot be accepted, (as anonymity does not allow for a full inquiry of the relevant issues) your identity will be shielded where possible and to the best of our ability from the person(s) who may be the subject of your grievance.

If you have a complaint or recommendation for someone you are working with from Hope Shores Alliance, please discuss it directly with the staff person or volunteer you are working with and/or ask the Associate Director for support in having that conversation if you think that would be helpful. If this is not helpful or you feel this is not a viable option, you can proceed with the following steps:

1. Prepare a written statement describing the grievance or incident in as much detail as you feel comfortable with. At minimum, please include the date, name, and work location of the staff or volunteer you are filing the grievance against. *Grievance Forms* are posted at all Hope Shores Alliance locations and can be used to document your written statement. If you cannot locate a form, please request a *Grievance Form* from the administrative office of Hope Shores Alliance at 989-356-2560 or you can submit a written statement without utilization of the official form.
2. Upon completion of your written statement, submit the completed grievance to the attention of the Associate Director. You can drop your form off to the administrative office in a sealed envelope or mail it to: Hope Shores Alliance, Attn: Associate Director, PO Box 797, Alpena, MI 49707. If the grievance involves the Associate Director, the *Grievance Form* should be submitted to the Executive Director. If the grievance involves

the Executive Director, the *Grievance Form* should be submitted to Board President, c/o Hope Shores Alliance, PO Box 797, Alpena, MI 49707.

3. The Associate or Executive Director will respond with appropriate action to the grievance within ten (10) business days from the date they receive the grievance. Following the actions taken, the Associate or Executive Director will complete and file a *Response to Client Grievance Form* along with the original *Grievance Form* by sending all paper forms to the Support Services Coordinator in a confidential manner. The Support Services Coordinator will then save the forms electronically and share the location with the Executive Director or the Board of Directors as appropriate (note: the location should only be shared directly with the Board of Directors if the grievance is about the Executive Director).
4. The person submitting the grievance (grievant) will be informed of the action taken in response to their grievance within ten (10) days of when the Associate or Executive Director received it. If they are unsatisfied with the action taken, the grievant has ten (10) working days to escalate the grievance by contacting the Executive Director. If they are unsatisfied with the action taken by the Executive Director, the grievant has ten (10) working days to escalate the grievance by contacting the Governance Committee of the Board. If the grievant remains unsatisfied, they may utilize any of the methods as outlined in the Alternative Legal Remedies section of this policy for resolution.
5. If a resolution to a grievance has not occurred within ten (10) working days from when the grievance was received by the agency, the grievance will be referred to the Governance Committee of the Board of Directors. From there, one of two things may happen:
  - An appointment may be scheduled with you and the committee will listen to the information about the incident and will mediate the grievance; or,
  - You will receive communication from the Board Governance representative explaining the resolution that has been reached based on the information shared in the grievance documentation submitted by you.
6. If the final outcome is not satisfactory to you, you may contact any or all of the parties listed below in the Alternative Legal Remedies section.

### **Alternative Legal Remedies**

Nothing in this policy may prevent the client from pursuing formal legal remedies or resolution through local, state, or federal agencies or the courts.



If any client believes they have been the victim of unlawful discrimination, they may file a complaint with the Michigan Department of Civil Rights by following the steps outlined on the reporting website [here](#). Additionally, any person wishing to contact the Michigan Department of Health and Human Services Division of Victim Services to file a formal complaint regarding harassment, discrimination, or any other violation of rights, they may contact the Division by following the instructions [here](#).



hopeshores.org

## Client Grievance Form

**Name of Person Filing Grievance:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Safe Contact Phone:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

The questions below are to be answered by the person who experienced the incident named in step 3 below; or by a person acting with the knowledge and consent of the person who experienced the incident.

While anonymous complaints cannot be accepted, as anonymity does not allow for a full inquiry of the relevant issues; where possible, your identity will be shielded to the best of our ability from the person(s) who may be the subject of your grievance.

Your eligibility for services will not be impacted by your participation in this grievance process. Additionally, there will be no retaliation taken against you by any person(s) associated with Hope Shores Alliance.

1. What was the date of the incident? \_\_\_\_\_

2. Please share the name and work location (if known) of the Hope Shores Alliance staff or volunteer who is the subject of your grievance:

Name: \_\_\_\_\_

Work/Office Location: \_\_\_\_\_

3. Describe the incident that prompted this grievance. Also, please provide any additional information you feel is relevant to your experience. (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing grievance: \_\_\_\_\_

\*Submit to Hope Shores Alliance, Attn: Associate Director, PO Box 797, Alpena, MI 49707

24 Hour Help and Support 800.396.9129

**Administrative & Services Office**

PO BOX 797  
ALPENNA, MI 49707  
P 989.356.2560  
F 989.356.6569

**Atlanta Services Office**

11228 PARLAND  
ATLANTA, MI 49709  
P 989.250.7979  
F 989.250.7980

**Oscoda Outreach Office**

PO BOX 658  
OSCODA, MI 48750  
P 989.739.0144  
F 989.739.1179