



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 pages as necessary):

Signature of person filing grievance: _____

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

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24 Hour Help and Support 800.396.9129

Administrative & Services Office

PO BOX 797
ALPENA, 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

Serving Alcona, Alpena, Iosco, Montmorency, and Presque Isle Counties

*Note: Selecting submit will email the form to the Associate Director which may be a confidentiality concern for some survivors. Printing and mailing or dropping off the form is the most secure form of submission.