



## 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 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 into 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. Please provide any information you feel is relevant to your experience. Attach additional sheets :

---

---

---

---

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

Grievances can be mailed to Hope Shores Alliance ATTN: Support Services Coordinator, PO Box 797, Alpena, MI 49707, emailed to [contactus@hopeshores.org](mailto:contactus@hopeshores.org), or handed to any Hope Shores Alliance employee in an envelope.

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 at [Michigan.gov/mdcr/public-portal](http://Michigan.gov/mdcr/public-portal). 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 emailing [MDHHS-MDSVPTBMembers@Michigan.gov](mailto:MDHHS-MDSVPTBMembers@Michigan.gov)

Please call 800.396.9129 with any questions or concerns regarding the grievance process or your submission.