

WCSI SCO Grievance Form

Participant's Name:

Name of Person filing if other than Participant:

Date of Filing:

Relationship to Participant:

If SC is initiating this form – please skip Section 1 and complete Section 2

SECTION 1

Please describe the reason you are filing a formal grievance and include specific names and dates: (use attachments if necessary):

Please identify any actions taken with your Supports Coordinator to resolve your complaint or concern:

Please indicate the desired outcome you are seeking:

Signature: _____ **Date:** _____

Contact Information: Home Phone #: _____
 Cell Phone #: _____
 Work Phone #: _____

Please send to: WCSI
 770 East Pittsburgh Street
 Greensburg, PA 15601
 Attn: SC Supervisor
 SC Name _____

SECTION 2— DS SUPPORTS COORDINATOR

Informal Stage:

Did you attempt to resolve this informally with the participant/family prior to using the Formal Process First Level Appeal?

Yes No If No, state reason:

Briefly describe the complaint or concern and date of occurrence: (use attachments if necessary)

Identify any actions you have taken to resolve the participant/family's complaint or concern: (use attachments if necessary)

Participant/family's Contact Information:

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Supports Coordinator's Signature: _____ **Date:** _____ **Extension:** _____

Date Grievance Form given to Supervisor (First Level Appeal): _____

SECTION 3— DS SUPERVISOR

[Five (5) days to resolution or submission to Second Level Appeal]

Date Grievance Form received: _____

Formal First Level Appeal: Supervisor Statement:

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

The participant/family is not in agreement with the resolution and would like to be referred to the DS Program Manager/Director.

I am forwarding this original form and applicable attachments to the DS Program Manager/Director.

Supervisor's Signature: _____ **Date:** _____ **Extension:** _____

Date Grievance Form given to DS Program Manager/Director (Second Level Appeal): _____

SECTION 4— DS PROGRAM MANAGER/DIRECTOR

[10 days from date of filing to resolution or submission to Third Level Appeal]

Date Grievance Form received: _____

Formal Second Level Appeal: DS Program Manager/Director Statement:

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

The participant/family is not in agreement with the resolution and would like to be referred to the WCSI Chief Executive Officer.

I am forwarding this original form and applicable attachments to the WCSI Chief Executive Officer.

DS Program Manager's Signature: _____ **Date:** _____

or

DS Program Director's Signature: _____ **Date:** _____

Date Grievance Form given to Chief Executive Officer (Third Level Appeal): _____

SECTION 5—WCSI Chief Executive Officer

[21 day to resolution from date of filing]

Date Grievance Form received: _____

Formal Third Level Appeal: WCSI Chief Executive Officer Statement:

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

The participant/family does not feel that the grievance has been resolved at this point and have requested additional contact information.

WCSI Chief Executive Officer's Signature: _____ **Date:** _____

SECTION 6—WCSI ADMINISTRATIVE OFFICE FILE

Date Grievance Form initially filed: _____

Date of Resolution: _____

Grievance was resolved within the required 21 days? Yes No If no, # of days: _____

All staff involved were notified of the resolution? Yes No If no, then why _____

Date Completed Grievance form was filed: _____