



CLIENT/GUARDIAN GRIEVANCE PROCESS

Judson Center is dedicated to customer satisfaction. We welcome any opportunity to improve the experience of all children, adults and families in our care.

1. The person who believes he/she has valid grounds for grievance should first express the grievance informally on a verbal or written basis with their worker or supervisor.
2. If the grievance cannot be immediately resolved, a written statement should be drafted and signed by the complainant and the supervisor. This written statement should be directed to the Program Director or Program Manager, the Director shall investigate the grievance and respond in writing within a period that shall not exceed five (5) business days from the receipt of the appeal. *
3. If a consumer is not satisfied with the resolution proposed by the Director, they may submit a grievance in writing to the Director of Quality, who will investigate further and reply in writing to the complainant within five (5) business days.
4. If the complainant wishes to appeal the decision of the Director of Quality, he/she may submit a signed statement of appeal within five (5) business days after receipt of the response, to the President/CEO of Judson Center. The president shall meet with all parties involved (if necessary), to hear testimony relevant to the matter, formulate a conclusion, and respond in writing to the complainant within ten (10) business days of the meeting.
5. If the complainant remains unsatisfied, he/she may appeal through a signed written statement to the Board of Trustees within five (5) business days of the President's response. The Personnel Committee of the Board of Trustees shall meet with the concerned parties and their representatives within 40 days of the receipt of such an appeal. A copy of the Board's disposition of the appeal shall be sent to the concerned party within ten (10) business days. The Board Decision is final.

If you have questions, concerns, or need guidance through this process, contact the
Director of Quality at (248) 837-2013.



Judson Center | Child  Safe

Judson Center

COMPLAINT / GRIEVANCE FORM

Address

City

State

Zip Code

Telephone

Best time to contact

Status of person filing grievance:

Consumer Employee Parent Other:

Statement of grievance or appeal:

Signature of Complainant

Date Filed

INTERNAL USE ONLY

Step in the grievance procedure #: _____

Date Received: _____

Name of person receiving/investigating grievance:

Signature:

1" copy - Complainant (originator of grievance)

2nd copy – Agency file

