

The Salvation Army of Dane County Grievance and Appeal Process

The Salvation Army seeks to provide service in a conscientious and equitable manner, within a safe and respectful environment.

Under all circumstances, recipients must meet eligibility requirements in order to qualify for services. Expressions of a concern or complaint will not guarantee services, nor will it be sufficient to waive eligibility criteria. Though effort will be made to address concerns to the satisfaction of all involved, the program reserves the right to deny service in accordance with The Salvation Army guidelines, policies, and procedures.

On those occasions when a recipient of our services experiences a misunderstanding or problem, the following steps may be taken to resolve the situation.

- The complainant may first be referred back to their primary worker, or the worker who rendered the service or decision in question. The worker and recipient may discuss possible resolutions to the problem. Every effort should be made to resolve the issue as soon as possible.
- If the discussion does not resolve the situation to the satisfaction of the complainant, or if the problem is not appropriate for discussion with the primary worker, the complainant may submit a Grievance Report form to the next level(s) of administration (i.e. supervisor, Housing Coordinator or Services Coordinator). The situation will be investigated and the complainant will receive a response within 48 hours.
- If the issue is still unresolved, the complainant may submit an appeal, in writing, to the Dane County Social Services Director. A hearing will be set within three working days. At the hearing all concerns will be given individual attention by a review board (consisting of a minimum of 3 program team members). All involved parties shall be allowed to provide their view of the situation. A decision will be reached and a response will be given to the recipient within 24 hours.
- If the issue is still unresolved, the complainant may submit an appeal, in writing, to the Dane County Coordinator. Upon review, the Dane County Coordinator will make every effort to render a final determination within 24 hours. The complainant will be notified of the decision in writing.
- If the issue is still unresolved, the complainant may file a written complaint with the Divisional Social Services Director for Wisconsin and Upper Michigan.

Divisional Social Services Director Wisconsin and Upper Michigan Division 11315 West Watertown Plank Road Wauwatosa, WI 53226-0019

Please note,

- If, at any time, the complainant does not attend a scheduled meeting with one of the above parties the complaint will be considered closed. Another written appeal request may be submitted and will be acted upon in the manner described above.
- If the complainant wishes to withdraw a complaint or would rather that no action be taken, that wish must be formalized in writing by the complainant.
- Grievance Report forms may be submitted in person, by phone, or in writing by the recipient to appropriate Social Services staff.
- The services in dispute may be suspended during the appeal process. At the discretion of the Dane County Coordinator the services in dispute may be reinstated during the appeal process.

The eligibility requirements and rules of The Salvation Army Family Shelter, Emergency Family Shelter, Single Women's Shelter, Holly House and/or case management program and the grievance/appeal process have been

explained to me by:					
(Staff Name)					
I understand the rules and the grie	vance/appeal process.				
(Client Name)	(Client Signature)	(Date)			



The Salvation Army of Dane County Grievance Form

Please CIRCLE which service you're writing about:

Family Shelter	Warming House	Single Women's Shelter	Case Management Other	
Name (Print Please):		To	day's Date:	
Subject of complaint:		Date of Incident:		
policy involved with	your concern/com	evance. Please include the opplication of the opplication of the count all application of the count and the count all applications.	date, place, people, and/or le details below (additional	
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Do you have any suggestions that may help better the	,
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Signature:	Date:
OFFICE USE ONLY	*
OF THE USE OINER	
Date:	
Staff person following up:	Title:
Staff person following up:	Title:
Outcome/Solution of grievance:	