



GRIEVANCE, CONCERN & APPEAL FORM

_____ I wish to report a concern/grievance with or about a Family Promise of Spokane guest, staff member or Volunteer.

_____ I wish to appeal a decision made by a Family Promise of Spokane staff member.

I am a current or past Guest _____ Volunteer _____ Employee _____ of Family Promise of Spokane

***If you are a current employee, have you spoken directly with the person this is concerning or their immediate supervisor? _____**

I understand that Family Promise of Spokane reserves the right, under certain circumstances, to remove guests from shelter programs either temporarily or permanently. I understand that I have the right to appeal this decision in writing and have my appeal reviewed by a Manager or Director. Once I have submitted an appeal in writing it will be reviewed by a Family Promise Manager or Director and you will receive a response.

Please put in writing the reason for this grievance or appeal in detail and also indicate the outcome you would like to see. Please indicate if you have any documentation you would like to submit to support your complaint or appeal and names and phone numbers of any witnesses who may speak on your behalf. Please use the back of this form if you need.

Name (Printed)

Phone number: _____

Signature

Date: _____

Email

Outcome of

Appeal: _____

Director/Manager Signature _____ Date: _____