



## Grievance Policy

You have the right to file a grievance if you feel you have been treated unfairly while receiving services from Pathway To Hope, including Reclamation Clubhouse and Blake House, LLC. You will suffer no repercussions in service delivery as a result of filing a grievance. All grievances will be addressed in a confidential manner. To ensure that differences or conflicts are resolved in a supportive and respectful manner, the following procedures are to be followed:

1. Every attempt should be made to resolve issues, problems or misunderstandings directly between the affected people.
2. If the cannot be resolved to the client or constituent's satisfaction, a Grievance Form can be completed and submitted to Pathway To Hope's Executive Director via fax, mail or by delivering it to the Pathway To Hope office.

Pathway To Hope, Inc.  
Attn: Executive Director  
520 S. Harrison #206  
Olathe, KS 66061  
Fax: (913) 397-8559

3. The Executive Director will review the grievance and provide a written response to the client within thirty days of receipt.
4. If the client or constituent does not agree with the Executive Director's decision, he/she can appeal the decision by re-submitting the Client Grievance Form to the Board Chair, indicating a request for an appeal. The Board Chair will make a final decision on the grievance within thirty days of receiving the grievance form. The client or constituent will be notified of the final decision in writing.
5. External contacts for reporting a grievance:
  - a. Kansas Attorney General Derek Schmidt  
120 SW 10<sup>th</sup> Avenue, 2<sup>nd</sup> Floor  
Topeka, KS 66612  
(785) 291-3950

# GRIEVANCE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person (s) whom you are filing this grievance against: \_\_\_\_\_

In your own words, please explain in detail why you are filing this grievance (please provide relevant dates and locations – add additional pages, as needed):

What do you suggest be done to correct this problem? (add additional pages, as needed)

Name of witness who observed or has first-hand knowledge concerning this grievance:

Witness Name: \_\_\_\_\_

Relationship to person filing grievance: \_\_\_\_\_

Witness Phone: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- a) Sign the completed form and,
- b) Mail, deliver or Fax the form to:

Pathway To Hope, Inc.  
Attn: Executive Director  
520 S. Harrison #206  
Olathe, KS 66061  
Fax: (913) 397-8559

- c) Your grievance will be acted on and a decision will be given to you within thirty days of filing.