



CLIENT GRIEVANCE POLICY AND PROCEDURE

It is the policy of Share the Care Napa Valley to provide services to underserved seniors throughout Napa County without discrimination based on race, color, national origin, gender, religion, disability, political affiliation belief or any other unlawful category.

As a client of Share the Care Napa Valley, you have the right to file a written grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in program delivery as a result of filing a grievance. All formal grievances will be addressed within 10 days.

1. A written statement should be prepared (including the date and time of the grievance). Please request a **Grievance Reporting Form** from any staff member or volunteer or by calling the administrative office of Share the Care Napa Valley at 707-492-3198. You may also upload a form from our website, www.sharethecarenapavalley.org.
2. Submit the written statement or **Grievance Reporting Form** to the Share the Care Napa Valley Manager within 10 days. If your grievance is with the Share the Care Napa Valley Manager, your written statement or form should be submitted to the Share the Care Napa Valley Board of Directors, c/o Senior Helpers, 1100 Trancas Street, Suite 105, Napa, CA 94558. An appointment will be scheduled for you to meet with the Share the Care Napa Valley Manager or a Member of the Share the Care Napa Valley Board of Directors within 10 days from the day the form is received.
3. If a resolution has not occurred within 10 days, your grievance will be referred to the Share the Care Napa Valley Board of Directors Secretary, who will invite you to a specially scheduled Board Meeting within 5 days, where the Board of Directors will listen to the information about the incident and will mediate the grievance.
4. If the determination of the mediation by the Share the Care Napa Valley Board of Directors is still not satisfactory to you, you may contact the Area Agency on Aging listed below for further resolution:

Area Agency on Aging
275 Beck Avenue
Fairfield, Ca 94533
707-784-8960



GRIEVANCE REPORTING FORM

OFFICE USE ONLY:

Date Grievance Report Received: _____

Received By: _____

Date of Grievance / Incident: _____

Client name: _____
 First Middle Last

Location of Services: _____

Nature of Grievance / Incident: _____

Client's Proposed Resolution: _____

Client's Signature: _____

Date Submitted: _____