

A Safe Place Participant Grievance Form

We care deeply about your experience while receiving services at A Safe Place. We believe in the right to open communication and are very interested in talking with you about any grievances or concerns you may have.

If you have a particular concern regarding services, feel you have not been treated fairly as a participant, or if you come into conflict with a staff person or volunteer:

- We encourage you to attempt to resolve concerns with the staff person, volunteer, or program manager with that agency directly. Each on-site partner agency has a grievance process and if requested, will guide you through their process.
- If you do not feel comfortable addressing the conflict with the person directly, you have the option of speaking with that person's supervisor. You may ask the staff person you are working with to put you in touch with their supervisor or you may ask A Safe Place reception staff to speak with a supervisor of the staff person you have a conflict with.
- If the person you are having conflict with is an A Safe Place staff member, volunteer or process, please speak with the Operations Coordinator, Amber Hoang, or call (503) 557-5871. If your conflict is with the Operations Coordinator, please speak with A Safe Place Director, Lt. Angela Brandenburg or call (503)557-5872.
- You also have the option of filing a written grievance using the form below as a starting point for this process.

It is A Safe Place's policy to provide an opportunity for our partner agencies to resolve grievances directly with participants served by their agency. Upon receiving this written grievance, the A Safe Place Operations Coordinator or Director will provide a copy of this grievance to the appropriate supervisor of the partner agency you have a conflict with. Once the grievance process has been completed, if you feel your grievance was not adequately addressed by the involved partner agency, you may request a review by the A Safe Place Director.

If your conflict is with an A Safe Place staff person, volunteer or process, the Operations Coordinator or Director will meet with you to discuss your concerns and any action steps that might be taken. Please understand that due to the confidentiality rights of staff and other participants, we may not be able to discuss with you the outcomes of a grievance.

If you have any questions about this procedure, please ask any staff person for assistance.

Your Name: _____ Date: _____

Partner Agency Involved in the Grievance: _____

This is a grievance about (*Check one*):
☐ Program Policy
☐ Decision Made by Staff
☐ Communication with Staff
☐ Other: _____

Please describe what you have a grievance about:

Have you discussed this issue with staff? If so, what was their response?

How do you think this could have been handled differently?

What would you like the outcome of your grievance to be?

Is there anything else you would like to say?

Please mail or deliver this form to:

**A Safe Place Family Justice Center
ATTN: Grievance
256 Warner Milne Rd.
Oregon City, OR 97045**