Toll Free: (888) 255-9817
Website: www.tdiworks.org

GRIEVANCE RESOLUTION PROCEDURES

The Diversity Initiative, Inc. strongly believes in one's individual right to grieve about a decision made, service provided, or lack thereof. TDI has instituted a policy that will provide consumers served with this ability. Grievance Procedures/forms will be reviewed at intake, published on our website and reviewed annually with APD consumers. Should assistance in completing the form be required TDI staff are directed to assist where they can.

It is recommended that initial attempts to resolve the grievance are informal. This is generally the most expedient way to obtain a remedy. Should you not be successful please refer to the following procedure:

The Grievance Resolution Procedure is composed of four (4) steps.

If a program participant wishes to pursue the grievance process, then they are to proceed as follows:

1. Address the issue with the direct service staff assigned to the case.
2. If the problem is not resolved, a Consumer Grievance form should be completed with a request to meet with a Supervisor. The Supervisor must meet with you within forty eight (48) hours of this request
3. If the meeting with the Supervisor does not result in a satisfactory remedy, you may request a meeting with another member of management. This meeting will be set or held within three (3) working days of the receipt of your request to meet with this Manager. The initial Supervisor will schedule this meeting.
4. If the issue is still not resolved then you may proceed to file a request to discuss this with the agency President.

All grievances must be put in writing and should be signed and dated. They must include the individuals name, a contact address, and a contact telephone number. The request submitted should be signed by the person filing the grievance or his/her representative and should be an original if possible. If faxed, the original grievance should be mailed within five (5) days of the fax. All grievances should include a statement regarding the rule/law violated and/or the reason you think you are entitled to the service or benefit which has been denied, delayed, reduced, changed, or terminated. The grievance should state the remedy you are seeking. Grievances should be no longer than five (5) pages, not including any exhibits or attachments presented.

Written grievance forms may be delivered by hand, fax or mailed it to the office pertinent to where the grievance occurred. For a list of Offices and addresses please see www.tdiworks.org.

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CONSUMER GRIEVANCE

Consumer Name(s):

Phone:

Address:

Consumer Advocate (optional):

Date of Grievance:

STEP ONE

Nature of Grievance:

Toll Free: (888) 255-9817
Website: www.tdiworks.org

Consumer Recommendations:

Staff Response:

Toll Free: (888) 255-9817
Website: www.tdiworks.org

Does consumer agree with above recommendation? ❑ Yes ❑ No

If "Yes" Consumer's Signature: Date:

STEP 2

If "No" consumer referred to:

Supervisor: Date:

President: Date:

Staff recommendation:

Staff Name: Date:

Does consumer agree with above recommendation? ❑ Yes ❑ No

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If "Yes" consumer name: Date:

STEP 3

If "No" consumer referred to:

Supervisor: Date:

President : Date:

Staff recommendation:

Staff Name: Date:

Does consumer agree with above recommendation? ❑ Yes ❑ No

If "Yes" consumer name: Date:

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STEP 4

If "No" consumer referred to:

Supervisor: Date:

President: Date:

Staff recommendation:

FINAL RESOLUTION

Toll Free: (888) 255-9817
Website: www.tdiworks.org

Client Signature/Date

Staff/Date