

## **Crawford County Senior Nutrition Program Grievance/Complaint Procedure**

### Purpose of the procedure:

The Grievance and Complaint Procedure is in place to address concerns, complaints, and grievances that nutrition program participants have with the administration of the nutrition program. This includes concerns of both congregate and home delivered participants.

### Procedure:

Nutrition Program participants shall have the right to express a concern, file a complaint, and/or grievance, if desired, regarding a practice or incident involving nutrition program staff or other participants. A form will be provided to the participant to file their complaint.

### The process for resolution of the complaint is as follows:

1. The complaint form may be given to the home delivered meal driver, congregate site manager, or mailed to the ADRC Office at 225 No Beaumont Rd, Ste. 117, Prairie du Chien, WI 53821.
2. The home delivered meal driver or congregate site manager will contact the Director of the Nutrition Program, Jeanne Christie, to inform her that a complaint has been filed and will deliver a copy of the complaint to the Director within two (2) business days of the filing of the report.
3. The Director will review the complaint and discuss the matter with the home delivered meal driver or congregate site manager to determine the nature of the complaint and what actions were taken, if any, to remedy the situation.
4. The Director will meet with the participant if it is indicated that the matter cannot be resolved on an informal basis through a discussion between the participant and home delivered meal driver or congregate site manager.
5. The Director will meet with the participant within 5 days of the complaint being filed.
6. Informal resolution of the matter will occur between the Director, Site Manager or Home delivered meal driver, and participant whenever possible.
7. If the matter cannot be resolved informally then the Director will bring the matter to the Nutrition Advisory Council for its review and resolution.
8. A written letter indicating the action taken by the Nutrition Advisory Council will be provided to the participant and will be considered final.

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Person making the complaint:

1. Name: \_\_\_\_\_

Name of person assisting you in making the complaint \_\_\_\_\_

Relationship to person making complaint \_\_\_\_\_

2. Phone number \_\_\_\_\_

3. Describe your complaint/grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe how you would like the complaint/grievance resolved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List any other information you feel would be helpful in the resolution of the matter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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