



# CLIENT GRIEVANCE FORM

**CARF SECTION:** 1.K.3.

**VERSION #:** 3

**APPROVAL DATE:** 10/21/2024

**APPROVED BY:** Elizabeth Heneks (Vice President of Program Services)

**PURPOSE:**

The purpose of this form is to submit a written grievance regarding an incident that has occurred and is perceived as wrong or unfair and actionable steps are desired to remedy the situation.

**PROCEDURE TO FILE A GRIEVANCE:**

If you have discussed your concern with Shelter and/or Housing staff and management and still feel that you have not reached a satisfactory resolution, you may file a grievance with the Director of Program Services. To do so, complete the information below and submit the form by emailing it to [LKellner@hosparrow.org](mailto:LKellner@hosparrow.org), mailing or delivering it to the Home of the Sparrow Administrative Office (1991 Duncan Place, Woodstock, IL 60098), or faxing it to 815-271-5406.

Once submitted, the Director will initiate an investigation within one week of receiving the client grievance form. The Director will review the grievance with the Program Services Team and address the grievance directly with the client within 30 days of receiving the Client Grievance Form.

If you need assistance in completing this form, you may ask the Shelter or Housing manager or contact the Director of Program Services at 815-271-5444 Ext 258.

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**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Program:** \_\_\_\_\_

1. Please describe your concern or complaint (Attach additional documentation if needed).

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