

PRIDE IN NORTH CAROLINA, INC.
117 Edinburgh South
Suite 205
Cary, NC 27511

GRIEVANCE / APPEAL REPORT

Instructions:

1. This form is to be completed if you have a grievance/concern that you have already addressed with a supervisor or QP which, in your opinion, has not been satisfactorily resolved.
2. Complete Section 1 and forward to the Regional Director/Program Coordinator. A meeting will be scheduled within 3 business days.
3. The Regional Director/Program Coordinator will document his/her decision in Section 2.
4. You will sign below the Regional Director/Program Coordinator's findings and indicate if you accept the decision, or would like to appeal it.
5. If you appeal, it will be forwarded to the President who will make a final decision within 5 working days.

Section 1: (to be completed by the individual initiating the grievance)

Your Name

Today's Date

(Circle One) Person Served / Family Member / Guardian / Employee / Other

Address

Telephone Number

E-mail

Please describe your grievance (include dates, people involved, and location):

How was the concern initially addressed? (Please include any actions taken)

Name and Title of Pride In North Carolina, Inc. supervisor you initially reported your concern to:

Date the concern was initially reported: _____

What would you like to see happen?

Signature

Date



Section 2: (to be completed by the Regional Director/Program Coordinator)

Decision made/actions taken by Regional Director/Program Coordinator:

How can this situation be avoided in the future? (Describe actions to prevent future incidents)

Regional Director/Program Coordinator Signature

Date

Initial One: I accept the decision: _____ I wish to appeal the decision: _____

Comments: _____

Signature of the Individual who initiated the grievance

Date

Regional Director/Program Coordinator will fax all appeals to the President within 24 hours

Appeal Decision: _____ Date: _____

