

**PRIDE IN NORTH CAROLINA, INC.**  
925 D Conference Drive  
Greenville, NC 27858

**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 CEO 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initial One: I accept the decision: \_\_\_\_\_ I wish to appeal the decision: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the Individual who initiated the grievance

\_\_\_\_\_  
Date

Date Regional Director/Program Coordinator will fax all appeals to the CEO within 24 hours: \_\_\_\_\_

Appeal Decision: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_