



*Building a Healthy Community*

# Empower "U", Inc.

Community Health Center

Northside Shopping Center  
7900 NW 27th Avenue Suite E-12  
Miami, Florida 33147-4909  
Phone: (786) 318-2337 Fax: (305) 575-2701  
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## GRIEVANCE FORM

This form should only be used when you feel you were not treated with courtesy, consideration and respect by an Empower "U" Inc. Community Health Center employee. It is not to be used for appeals regarding your eligibility for any program.

**NO RETALIATION WILL BE TAKEN AGAINST YOU FOR FILING THIS COMPLAINT OR PROCEEDING WITH THE GRIEVANCE PROCEDURE.**

Date Form Completed: \_\_\_\_\_ EU Client #: (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

1. What was the date of the incident? \_\_\_\_\_

2. Against whom is your complaint made? Give the name and position. \_\_\_\_\_

3. State the incident that prompted this grievance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person filing grievance: \_\_\_\_\_

Signature of person completing the form  
(If someone other than the one filing the grievance): \_\_\_\_\_

## Filing a Grievance/Complaint

THE GRIEVANCE FORM MUST BE COMPLETED IN WRITING AND SUBMITTED TO HUMAN RESOURCES. THE HUMAN RESOURCES MANAGER WILL EXPLAIN THE GRIEVANCE PROCEDURE AND PROVIDE A COPY OF THE GRIEVANCE POLICY AND PROCEDURES TO THE PATIENT.

1. The Grievant will make a statement in writing on the grievance form, signing and dating the statement. The statement will include all details of the complaint or grievance (time, date of occurrence of incident or complaint and the exact nature of complaint)
2. The Grievant will be given a copy of the signed and dated statement. The grievant will receive the statement of receipt of filed grievance.
3. The Human Resources manager will record in the Patient Grievance Log the process and status of the grievance. All information such as copies of the completed and signed grievance form, correspondence, etc. will be placed in the client's file.
4. The Human Resources Manager will inform all parties involved and schedule a Grievance Investigation.
  - a. Gather background information
  - b. Interview employee/volunteer involved in the complaint
  - c. Assess Empower "U", Inc. responsibilities and action.
  - d. Contact the grievant for additional information.
5. Within 15 working days of receiving the grievance, the Grievance Committee composed of the following individuals will review the grievance.
  - a. The Human Resources Manager
  - b. The Program Administrator
  - c. Peer Advocate/Peer Educator
6. The Grievance Committee will review all information concerning the grievance and evaluate the nature of the problem and possible corrective actions then document findings in a grievance letter.
7. The Human Resources Manager will have 15 working days from receipt of the grievance letter to notify the patient/employee of the findings.
8. The grievant has the right to petition the findings and have the petition reviewed by the Grievance Review Committee.
9. If the grievant is not satisfied with the findings and recommendations of the Grievance Committee, he/she may petition Empower "U", Inc. in writing and request further review of the grievance. This petition must be signed within 7 days of receiving the findings letter.
10. A session will be scheduled with the Grievance Review committee within 15 working days of receipt of the letter. The Grievance Review Committee will be composed of:
  - a. The President of the Board of Directors
  - b. Peer Counselors
  - c. The Grievant
  - d. The Program Director