



Southeast Michigan Senior Regional Collaborative (SRC) Participant Grievance Form

The Southeast Michigan Senior Regional Collaborative’s (SRC) grievance policy and procedure is to allow those participating in SRC programming the opportunity to seek resolution in an equitable, non-punitive manner and with no adverse repercussions to the participant and/or his/her status in current/future programs.

Additionally, it is the policy of the SRC to treat all participant’s information confidentially. The SRC will investigate any reported violation of this policy. If you have any questions, please ask your program supervisor/contact for information. If you have a complaint about our services, facilities or staff, we want to hear from you. We will do everything we can to see that your experience with the SRC is professional in every way. See attached Policy and Procedure or view [HERE](#).

Participant Grievance Form

Grievances may be filed using this form, including grievances submitted verbally, in person, by phone, via email, or through our website.

Participant Name: _____
Program Supervisor: _____

Today’s Date: _____
Date of Event: _____

Description of event, including persons involved, witnesses (if any), and any attempts to resolve the problem. Use additional sheets if necessary.



Waiver of Confidentiality (optional): For the limited purpose of this grievance, I waive my right to confidentiality.

_____ **Yes** _____ **No**

Any retaliation against a SRC participant who exercises their right to file a grievance is strictly prohibited by state code and federal law. Retaliation is prohibited whether or not the charging party prevails in the original charge. Subsequent to, or at the same time as the charge, no agent of the SRC may harass, coerce, intimidate or discriminate against an individual who has filed a complaint or participated in the complaint resolution process. If this happens, the complaining party may file another complaint alleging such harassment or intimidation.

Participant Signature _____

Date _____

Received By (SRC Staff) _____

Date _____