

# Inland Southern California United Way

Riverside: 1835 Chicago Avenue, Suite B, Riverside CA 92507 Ontario: 1511  
S. Vineyard Ave, Ontario, CA 91761  
Hesperia: 17096 Sequoia, Unit 111, Hesperia, CA 92345  
La Quinta: 78401 Highway 111, Suite G, La Quinta CA 92253  
Inlandsocaluw.org



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## 211+ Contact Center Grievance Policy

*Any consumer of 2-1-1 Inland SoCal United Way 211+ services or assistance has the right to file a grievance or complaint over any unresolved conflict or issue that arises during the course of services.*

*No retaliation will be placed upon the Griever, and all attempts will be made to keep the grievance anonymous unless otherwise directed by the Griever. Only information relevant to the complaint will be released without written consent of Griever.*

The Grievance and Complaint Process is as follows.

1. Grievances or complaints should first be discussed verbally with the Supervisor on Duty at 2-1-1 Inland SoCal 21+ in an attempt to resolve the matter informally.
2. Unsatisfactory concerns will be expressed through written notification to the 211 Contact Center Manager and 211 Director.
3. The caller will fill out a Formal Grievance Notification Form and submit it to 211 Contact Center Manager. See form below.
4. Review Process
  - a. Once the written Formal Grievance Notification has been submitted the Grievance Notification will be reviewed by 211 Director and The President.
  - b. You will be contacted in writing within 10 business days regarding the decision on the grievance.
  - c. An investigation will be initiated and a meeting with the participant will take place.
  - d. Based on the investigation and interview with the participants a determination for the matter of resolution will take place
  - e. A written resolution will be issued to the participant and actions will take place. If for any reason mutual satisfaction is not obtained, Inland Southern California 211+ may request more information and will respond within 60 days of appeal. This information will be reviewed by the Board of Directors for determination of eligibility, and its decision will be final.

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## Formal Grievance Form

Name of person making a complaint:

\_\_\_\_\_

Residential address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

### Complaint details

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Program relating incident: \_\_\_\_\_

Who/what is the subject of your complaint:

\_\_\_\_\_

Summary of complaint:

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

Give a specific remedy that would correct the violation you have claimed. Grievance must be signed by the complainant.

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

Complainant signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Grievance response date: \_\_\_\_\_

Grievance responder name: \_\_\_\_\_

Grievance responder signature: \_\_\_\_\_

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