



JENDA FAMILY SERVICES

client grievance/complaint form

If you feel that you, any other client, or Jenda Family Services staff member have been treated unfairly or have had your/their rights violated, please complete this form, or present orally. Jenda Family Services Clients Rights and the Client Grievance Procedure are available to you at any time by asking a Jenda Family Services staff member for a copy.

Name: _____ **Date:** _____ **Time:** _____
of incident/grievance

If a parent/guardian is completing this form, please give your name and relationship to client:

Name: _____ **Relationship:** _____

If you need assistance in filling out this form you are welcome to have a friend/family or any Jenda Family Services staff member help you.

Please answer the questions listed below and return to the Program Director, or if the Program Director is named in this grievance, give the completed form to any Jenda Family Services staff member and they will direct it to the appropriate Service Area Director. You will receive a written response **within five (5) working days**. You also have the choice of mailing the grievance to **Jenda Family Services, 815 K. Street, Lincoln, NE 68508**. All clients have the right to report any grievance against Jenda Family Services program to the Nebraska Health and Human Services Department at **402-471-7100**.

Briefly tell us about the problem and list any witnesses you want to name. (Use back of form for extra space if needed)

If you have spoken to staff about the problem, when and to whom?

What solution do you propose?

additional space for responses

The following sections are to be completed by Jenda staff:

date grievance/complaint received by staff: _____

response taken by staff:

date response/action was discussed with the client: _____

When grievance has reached resolution, attach a copy to a copy of the incident report to be turned in for data entry. A copy of this form and incident report should be inserted into the client's file.

Staff name (print): _____ **Signature:** _____

The following sections are to be completed by client or appointed family/friend:

Please write any comments you would like to make concerning the response that Jenda Family Services has made concerning your grievance/complaints:

Once staff has reviewed this grievance/complaint with you, you have the right to appeal any decision you are not satisfied with to the President of Jenda Family Services. You will receive a response within ten (10) working days from receipt.

client signature: _____ **date:** _____