

Nurture KC Grievance Policy

Definitions of Grievance: Dissatisfaction with a service, program policy or procedure, or with an individual providing service through Nurture KC and/or its affiliated programs.

You (Nurture KC members, donors, staff, vendors, and the general public) have the right to file a grievance if you feel you have been treated unfairly. You will suffer no repercussions as a result of filing a grievance. All grievances will be addressed in a confidential manner. To ensure that differences or conflicts are resolved in a supportive and respectful manner, the following procedures are to be followed:

1. Every attempt should be made to resolve issues, problems, or misunderstanding directly between the affected people.
2. If the issue(s) cannot be resolved to your satisfaction, a Grievance Form can be completed and submitted to the Nurture KC Executive Director via fax, mail, or in person, by delivering the Grievance Form to the Nurture KC office:

Nurture KC
1111 W. 39th Street, Ste. 100
Kansas City, MO 64111

Fax - (816) 283-0307

3. The Executive Director will review the grievance and provide a written response back to the person(s) who filed the grievance within thirty (30) days of receipt. In the event that there is a direct conflict of interest with the Executive Director, the grievance will be reviewed by the Chairperson of the Nurture KC Board of Directors.
4. If you do not agree with the Executive Director's decision, you can appeal the decision by re-submitting the Grievance Form to the attention of the Chairperson, indicating a request for an appeal. The Chairperson will make a final decision on the grievance within thirty (30) days of receiving the appeal grievance form. You will be notified of the final decision in writing.
5. All appeals will be reviewed by the Nurture KC Executive Committee.
6. If you need assistance completing this process, please contact Nurture KC's main office at (816) 283-6242.

**Nurture KC
GRIEVANCE FORM**

Name: _____ Date: _____

Address: _____

Name of person(s) or program you are filing this grievance against: _____

In your own words, please explain, in detail, why you are filing this grievance.

(ADD ADDITIONAL PAGES AS NEEDED)

What do you suggest be done to correct this problem?

(ADD ADDITIONAL PAGES AS NEEDED)

Name of witness(es) who observed or have first-hand knowledge concerning this grievance:

Witness Name: _____

Relationship to person filing grievance: _____

Witness Phone: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____

1. Sign the completed form and place it in a sealed envelope.
2. Mail, deliver or fax the form to:
Nurture KC
1111 W. 39th Street, Ste. 100
Kansas City, MO 64111
Attn: Executive Director
Fax - (816) 283-0307

3. Your grievance will be acted on and a decision will be given to you within thirty (30) days of filing.