

## **Grievance Procedures**

The Gift of Swimming agrees to establish a formal written grievance process with procedures through which clients and recipients of services may present grievances to the governing authority of The Gift of Swimming regarding services being provided under this contract. Additionally, the agency agrees to establish fair hearing procedures that ensure all persons will be advised of their rights to a fair hearing to appeal a denial or exclusion from services and/or the failure of staff to take into account the individuals choice of service. The Gift of Swimming's internal grievance procedure must document and include, at a minimum, the following: date of grievance, a written response to the applicant, within thirty 30 days, the opportunity for the applicant to meet with the Agency executive director and or designee. Upon request by the County, The Gift of Swimming shall provide a written report as to the grievance outcome within three (3) normal county working days. The Gift of Swimming will maintain these documents on file for review by the county.

# The Gift of Swimming at SouthWest Aquatics

## Grievance Form

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone numbers \_\_\_\_\_

State your grievance in detail, including the date of act(s) or omissions causing grievance.

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Identify others with personal knowledge of your grievance.

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State briefly your efforts to resolve this grievance.

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Describe the remedy or solution you would like.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

### Grievance Formal Review

Date Received \_\_\_\_\_

Actions Taken \_\_\_\_\_

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Disposition \_\_\_\_\_

\_\_\_\_ Accepted    \_\_\_\_ Appealed

Assigned Team Member \_\_\_\_\_

Date Communicated \_\_\_\_\_

Received by \_\_\_\_\_

Signature \_\_\_\_\_