



GRIEVANCE POLICY: FOR MEAL RECIPIENTS

Meals on Wheels Yolo County wishes to provide a comfortable and healthy meal site. To this end, our organization wants you to bring any grievances you have about our site to the attention of the Site Manager and if necessary, to upper management. We have instituted the following grievance procedure:

- If you feel that there is inappropriate conduct or activity on the part of the organization, management, its employees, vendors, customers, or any other persons or entities related to our organization, we request that you bring this concern, in writing, to the immediate attention of the Site Manager, using the form below.
- The Site Manager will respond to your concern, in writing, within 3 days. If the resolution proposed is not satisfactory, then please submit your concern, using the form below, to the Executive Director. The Executive Director will respond to your concern in writing within 3 days. The Executive Director's decision is final.
- Your information will remain confidential and will not be shared.



SITE GRIEVANCE FORM

Name: _____

Date: _____

Phone Number: _____

Site: _____

Please describe your concern. Give a specific example including the names of those involved and the date of the occurrence.

Signature: _____

Site Manager Response:

Site Manager Signature: _____ **Date:** _____

Executive Director Response:

Executive Director Signature: _____ **Date:** _____