



Metropolitan Organization to Counter Sexual Assault

## Grievance Policy

You have the right to file a grievance if you feel you have been treated unfairly. You will suffer no repercussions in service delivery 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 misunderstandings directly between the affected people.
2. If the cannot be resolved to the client or constituent's satisfaction, a Grievance Form can be completed and submitted to MOCSA's Vice President of Operations via fax, mail or by delivering it to the MOCSA office.  
Attn: Vice President of Operations  
Metropolitan Organization to Counter Sexual Assault  
3100 Broadway, Suite 400  
Kansas City MO, 64158  
Fax: (816) 931-4532
3. The Vice President of Operations will review the grievance and provide a written response to the client within thirty days of receipt.
4. If the client or constituent does not agree with the Vice President of Operations' decision, he/she can appeal the decision by re-submitting the Client Grievance Form to the President and CEO, indicating a request for an appeal. The President and CEO will make a final decision on the grievance within thirty days of receiving the grievance form. The client or constituent will be notified of the final decision in writing.
5. External contacts for reporting a grievance:
  - a. Kansas Attorney General Derek Schmidt  
120 SW 10<sup>th</sup> Avenue, 2<sup>nd</sup> Floor  
Topeka, KS 66612  
(785) 291-3950
  - b. Missouri Attorney General Chris Koster  
207 W. High St., P.O. Box 899  
Jefferson City, MO 65102  
(573) 751-3321

If you need assistance completing this process please contact MOCSA's main office at (816) 285-4527.



Metropolitan Organization to Counter Sexual Assault

**GRIEVANCE FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Name of Person(s) whom 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 witnesses who observed or has 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 \_\_\_\_\_

- a) Sign the completed form and place it in a sealed envelope.
- b) Mail, deliver or Fax the form to:

Attn: Vice President of Operations  
 Metropolitan Organization to Counter Sexual Assault  
 3100 Broadway, Suite 400  
 Kansas City MO, 64158  
 Fax: (816) 931-4532

- c) Your grievance will be acted on and a decision will be given to you within thirty days of filing.