



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 if you file 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 issues, problems or misunderstandings 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, email 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, 64111

Fax: (816) 931-4532

gjones@mocsa.org

3. The Vice President of Operations will review the grievance and provide a written response to the client or constituent within thirty days of receipt.
4. If the client or constituent does not agree with the Vice President of Operations' decision, they can appeal the decision by re-submitting the 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 10th Avenue, 2nd Floor

Topeka, KS 66612

(785) 291-3950

b. Missouri Attorney General

Eric Schmitt

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) 931-4527.

MOCOSA

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, email or fax the form to:

Attn: Vice President of Operations

Metropolitan Organization to Counter Sexual Assault

3100 Broadway, Suite 400

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