Meals on Wheels West Client Grievance Procedure

MOW WEST's grievance procedure is as follows:

Step 1: It is MOW WEST's policy that if a client / volunteer has a concern / complaint with the service or procedure, the concern / complaint will be investigated and resolved by the Coordinator of that particular service.

A response to the client's / volunteer's concern / complaint will be presented within 5 working days from the time the concern / complaint is received.

Step 2: If the Director of Operations is unable to present a satisfactory resolution to the client's / volunteer's concern / complaint, the client / volunteer can bring the matter to the attention of the Executive Director who will respond within 5 working days.

MOW WEST reserves the right to refuse to serve a client who consistently is not home for deliveries, who is abusive to volunteers, who refuses to provide the necessary intake information and whose diet MOW WEST cannot accommodate.

MOW WEST makes every effort to address the needs of its client. MOW WEST never refuses service to anyone because of race, religion, income or age.

MOW WEST reserves the right to terminate a volunteer when their attendance becomes unreliable; their performance on the delivery route becomes unsatisfactory such as, but not limited to, unwilling to finish a route, displaying an uncooperative, abusive or rude attitude toward the clients or fellow volunteers or Staff, driving skills become unsafe, alcohol or drug use that will impair safe driving or the general ability to safely deliver meals to our clients.

Please sign acknowledgement that you have reviewed MOW West's grievance policy:

Signature: _____ Date:_____

Printed Name:_____

Grievance Form

DATE OF INCIDENT:_____ DATE OF REPORT:_____

CLIENT: ____ VOLUNTEER: _____ NAME:_____

ADDRESS OF INCIDENT:_____ ROUTE #:_____

PHONE:_____ POLICE REPORT:_____

DESCRIPTION OF
INCIDENT:_____
_____
_____
_____

ACTION
TAKEN:_____
_____
_____
_____
_____
_____

DATE OF ACTION:_____ SIGNED:_____ TITLE:_____

SUBSEQUENT
INCIDENTS:_____
_____
_____

SECONDARY
ACTION:_____
_____
_____

DATE OF ACTION:_____ SIGNED:_____ TITLE:_____