

SUPERIOR CONNECTIONS RCO GRIEVANCE/COMPLAINT FORM

Name: _____

Date of Incident _____

Date Reported _____

Phone number: _____ Email address: _____

Address: _____

Describe your concern, providing as much detail as possible (attach additional sheets or use the back of this form if necessary):

Is there anyone else who was involved, or who should we talk with about this incident?

Submit this form to the SCRCO Executive Director, PO BOX 822, Marquette, MI 49855 OR via email to director@superiorconnectionsco.org with the subject line: Grievance/Complaint.

If the grievance/complaint is about the Executive Director, the form can be submitted to the SCRCO Board of Directors president, PO BOX 822, Marquette, Michigan 49885. Mark the envelope "CONFIDENTIAL."

We will investigate all grievances/complaints. You can expect a response within five (5) working days after you submit this form. If you are not satisfied with the response, you may request a review of the decision by the president of the Board of Directors (you may use a new Grievance/Complaint Form to request that review or ask that your original form be forwarded). You can expect a response to your request for a review within one week.

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____