

GRIEVANCE or APPEAL PROCEDURE

On _____ Career Opportunity Development, Inc.,

Grievance or Appeal Procedure was reviewed with

Staff Name

I have received a copy of Career Opportunity Development, Inc. (CODI's) Grievance or Appeal Procedure.

I agree that my typed name below will serve as electronic representation of my signature.

Staff Signature

Date

.....

Grievance or appeal procedure will be submitted to Taran Winchester, Director of Quality Improvement who will confirm receipt of grievance. Investigation will be completed within ten days. Taran will notify all parties of the outcome within five days of completing the investigation.



GRIEVANCE or APPEAL PROCEDURE

Staff, interns, or volunteers may file a grievance for any of the following reasons:

- 1. Any disciplinary action taken by a supervisor. These include written warnings, disciplinary suspension without pay, demotion, or dismissal.
- 2. Any instance of illegal discrimination perceived by staff.
- 3. Any instance of unlawful workplace harassment perceived by staff.

To initiate a grievance, staff must submit an electronic Grievance Form to Taran Winchester, Director of Quality Improvement (DQI), within five business days of the alleged occurrence. If allegation involves DQI, staff shall notify President/CEO. Upon completion of investigation, DQI shall render a final decision to President/CEO in writing. DQI shall then notify staff's supervisor and staff in writing of the final decision.



Grievance Form

Name(s) of individual(s) submitting grievance:

Summary of grievance:

Requested actions to resolve grievance:

I agree that my typed name below will serve as electronic representation of my signature.

	Date:
Please email this form to tw or mail completed form to:	vinchester@njcodi.org or have staff scan,
	Career Opportunity Development, Inc. Attention: Taran Winchester (DQI)
	901 Atlantic Avenue
	Egg Harbor City, NJ 08215
To Quality Improvement	Date:
To Human Resources	Date:

CIR \Box Yes \Box No ; If Yes, #_____ DAF \Box Yes \Box No

□ Other: _____



CODI encourages consumers to use our grievance procedure. If you are not satisfied you may contact the external resources listed below:

In New Jersey, Call 2-1-1 for Help and Hot Lines http://www.nj211.org/

NJ Division of Child Protection and Permanency 877-NJ-ABUSE (877) 652-2873 http://www.state.nj.us/nj/community/family/

NJ Division of Developmental Disabilities (DDD)(609) 476-5200 5218 Atlantic Ave, Suite 205, Mays Landing, NJ 08330 http://www.state.nj.us/humanservices/ddd/home/



New Jersey Council on Developmental Disabilities(609) 292-3745 or (800) 792-8858 Mary Roebling Building, 20 West State St, 6th Floor, Trenton, NJ 08608 or, PO Box 700, Trenton, NJ 08625-0700 email: <u>njcdd@njcdd.org</u>

NJ Division of Vocational Rehabilitation (609) 813-3993 or (609) 292-5987 2 S. Main St, 1st Floor, Suite 2, Pleasantville, NJ 08232 or, PO Box 398, Trenton, NJ 08625 http://www.state.nj.us/humanservices/cbvi/services/vocation/