## GRIEVANCE and APPEAL PROCEDURE

# On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Career Opportunity Development, Inc., Grievance**

# Date

# **and** **Appeal Procedure** was reviewed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Consumer

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature-if applicable Date

If guardian is not present at the time of review, an original signed acknowledgment will be forwarded to them within five (5) days for signature. A copy of signed acknowledgment with the date of when acknowledgment was sent to guardian will be maintained in consumer’s file until original is signed by guardian and returned.

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Staff/Supervisor

forwarded this acknowledgment to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Guardian

for their signature.

# **GRIEVANCE and APPEAL PROCEDURE**

A grievance is an official statement of complaint about something believed to be wrong or unfair. Consumers have 30 calendar days after an incident to file a grievance. Consumers may file a grievance if they believe they witnessed or experienced CODI staff:

1. Disregarding consumer rights
2. Treating consumer unfairly
3. Not providing services offered by the program
4. Intimidating or bullying consumer
5. Treating consumer inhumanely or without dignity
6. Allowing consumer to be put at risk by another consumer

Grievances do not include consumer-to-consumer complaints. No one will be punished for filing a grievance. CODI will continue to provide services while trying to resolve the grievance.

CODI encourages consumers to talk to staff about their concerns before filing a grievance. If the grievance is not resolved, CODI encourages consumers to talk with a supervisor where they work, live, or receive services.

If the concern is not resolved, please obtain a grievance form online at [www.njcodi.org](http://www.njcodi.org) or request a grievance form from any CODI staff member. Forward completed grievance form electronically to [TWinchester@njcodi.org](mailto:TWinchester@njcodi.org) or mail completed form to:

CODI

Attention: Taran Winchester (Director of Quality Improvement)

901 Atlantic Avenue

Egg Harbor City, NJ 08215

Taran Winchester, the Director of Quality Improvement will:

1. Confirm grievance was received.
2. Begin investigation of grievance within three days of receipt.
3. Complete an investigation within ten days of receipt.
4. Notify all parties of the outcome within five days of completing the investigation.

If not satisfied with the decision, the consumer may appeal the decision to the President/CEO. The appeal must be in writing and received by President/CEO within five business days of receipt of grievance outcome report. President/CEO will respond within five business days.

**Grievance Form**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested actions to resolve grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Participant or staff submitting grievance on behalf of a consumer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this form to [twinchester@njcodi.org](mailto:twinchester@njcodi.org) or have staff scan for you,

or mail completed form to:

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 □ Yes □ No ; If Yes, #\_\_\_\_\_\_\_\_\_\_\_ DAF □ Yes □ 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/>

Community Health Law Project (856) 858-9500

160 South Pitney Road, Galloway, NJ 08205 <http://www.chlp.org/>

Adult Protective Services (609) 645-5965 or (888) 426-9243

101 S. Shore Rd, Shoreview Building, Northfield, NJ 08225

<http://www.atlantic-county.org/intergenerational-services/adult-protective-services.asp>

Disability Rights NJ (609) 292-9742 or (800) 922-7233

210 S Broad St, 3rd Floor, Trenton, NJ 08608 <http://www.drnj.org/>

Atlantic County Mental Health Administrator (609) 645-7700 ext. 4519

Attn: Kathy Quish email: [Quish\_Kathleen@aclink.org](mailto:Quish_Kathleen@aclink.org)

101 S Shore Rd, Northfield, NJ 08225

NJ Division of Mental Health & Addiction Services (877) 285-2844

Mental Health Advocacy, Hughes Justice Complex

25 Market St, Trenton, NJ 08625

<http://www.nj.gov/defender/structure/mha/> email: [njmentalhealthcares@mhanj.org](mailto:njmentalhealthcares@mhanj.org)

NJ Division of Mental Health & Addiction Services (DMHAS)

Consumer and Recovery Advocate (609) 438-4321

DMHAS Ombudsman email: [dmhas.ombudsman@dhs.nj.gov](mailto:dmhas.ombudsman@dhs.nj.gov)

<http://www.state.nj.us/humanservices/dmhas/resources/services/recovery/advocate.html>

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/>

Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families (609) 984-7764

Department of the Treasury, PO Box 205, Trenton, NJ 08625

<https://www.nj.gov/treasury/assets/contact/ombudsman/contact-ombudsman.shtml>

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: [njcdd@njcdd.org](mailto:njcdd@njcdd.org)

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/>