Family Crisis Center of East Texas

(Women's Shelter of East Texas, Inc.)

EMPLOYEE, FORMER EMPLOYEE OR VOLUNTEER COMPLAINT PROCEDURE

If you have a question or complaint about something that occurred while you were at The Family Crisis Center of East Texas (Women's Shelter of East Texas, Inc.), the first step is to discuss this with your immediate supervisor. If there is not satisfactory resolution at this level, the employee or volunteer can request in writing that their complaint be reviewed by the appropriate program director. The program director is encouraged to review and consult with the Executive Director in the resolution process.

<u>If the complaint is not satisfied at this level, the employee, former employee or volunteer can:</u>

Request a complaint review in writing to the Executive Director. The Executive Director and the employee, former employee or volunteer are encouraged to consult with the Operations Committee and/or the Chair of the Operations Committee to seek an informal resolution to the complaint.

Sign and mail the complaint to the administrative office: ATTN: Executive Director, Women's Shelter of East Texas, Inc., P.O. Box 510, Lufkin, TX 75902. You may also hand-deliver the signed complaint to 2401 Davisville Road, Lufkin, TX 75901. Please include copies of all documents and correspondence regarding your concerns.

If there is not satisfactory resolution, an appeal in writing can be made to the Chair of the Operations Committee who will assign three members of the Operations Committee to hear the complaint. Formal appeals must be made in writing to the Chairperson of the Complaint Committee within ten (10) days of the personnel action averse to the employee or volunteer.

If you are not satisfied with the decision and wish to pursue the complaint further, write a letter to ATTN: Board of Directors, Women's Shelter of East Texas, Inc., P. O. Box 510 Lufkin, TX 75902, again including copies of all documents and correspondence regarding your concerns.

The Complaint Committee will meet and hear all sides of the complaint prior to making a recommendation. This meeting will take place with fifteen (15) working days of receipt of the appeal. A recommendation by the Committee will be made within three (3) days of the hearing and will be relayed to the Executive Director and employee, former employee or volunteer in writing.

I have read and understand the contents of this document:

_____ _____

Client Signature Date

_____ _____

Staff/Volunteer Signature Date

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Name: _____

Supervisor's Name: _____

Details about the situation or concern: _____

_____

_____

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_____

Name(s) of the people involved: _____

_____

Date of the issue or incident: _____

A specific way you would like to see the issue resolved: _____

_____

_____

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_____ _____

Employee, Former Employee or Volunteer Signature Date