



GRIEVANCE PROCEDURE

The Coordinated Assessment Model (CAM), shall provide all clients with the most recent grievance procedures and handle all client complaints/grievances as necessary.

- The CAM will be responsible for providing the most recent information regarding the procedure for client grievances.
- Whenever a client has a complaint regarding the work performed on his/her case or treatment by any CAM employee, he/she will have the right to file a formal written grievance to be provided to the office located below.
- If the client wishes to file a written grievance, and is unable to write legibly, a statement shall be taken/prepared by an available CAM employee and presented for client's signature.
- A copy of the written grievance and the name and phone number of the CAM Manager will be provided to the client.
- The CAM Manager will contact the client no later than ten (10) business days after receiving such grievance.
- If the grievance is satisfactorily resolved by the CAM Manager, he/she will write a brief statement summarizing the facts and how the matter was resolved.
- If the CAM Manager is unable to satisfactorily resolve the grievance, he/she will notify the client of his/her right to file a grievance with the Detroit CoC.
- Copies of all grievances submitted by a client of CAM, as well as copies of the aforementioned statement of facts by the grieving client and the CAM Manager, will be kept on file by CAM for at least one (1) year and will be made available for review by administration and/or entities who provide funding to CAM.

All grievances/complaints should be addressed to:

Paige Beasley
CAM Manager
Southwest Counseling Solutions
1600 Porter St.,
Detroit, MI 48216
313.481.7907
pbeasley@swsol.org



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Name of Person Making Complaint: _____

Date of event(s): _____

Does your complaint involve a specific CAM staff? If so, please provide their name(s) (if known):

Statement of Complaint:

We may have additional questions and will need to follow-up with you directly, please provide your contact information below.

Primary Phone Number: _____

Secondary Phone Number: _____

Mailing Address: _____

Email address: _____

Signature of Person Making Complaint: _____

Date: _____