

Resource Parent Grievance Policy

Serenity values your foster care experience. Therefore, we welcome your feedback. We have created written policies and procedures for handling complaints and grievances to ensure quality care and protection of personal rights for all parties. Serenity's policies and procedures are designed in consideration of issues of confidentiality, safety, and the impact of trauma and cultural considerations. Our grievance policy is in place to empower you to present your concerns and needs.

Misunderstandings or problems that arise usually can be resolved through direct and open communication with your assigned social worker. In the event that direct and open communication with your assigned social worker doesn't lead to resolution of the issue, you are invited to directly express complaints and grievances to the social worker's direct supervisor and/or the executive director. You are also able to file a complaint or grievance directly to Serenity's licensing entity, Community Care Licensing.

Serenity's Grievance Policy

"All written complaints related to Serenity's policies and procedures, employees, representatives, or facilities are received and considered by Serenity's supervisory staff and/or the Executive Director. The circumstances surrounding the complaint are explored. All involved parties are given the opportunity to express their perspective. Additional information is gathered to the extent allowable in order to determine next steps. If action is required, then a corrective action plan is collaboratively established. All involved parties receive a summary of the findings and are notified of the corrective action plan, with a date to evaluate if the concern has been resolved."

Please note that when determining the process for providing feedback if the complaint involves a child, primary consideration is given to the safety and well-being of the child. Every effort is made to be mindful of potential triggers of trauma in the lives of children. When feedback to a child is required, it is provided to children in a non-threatening manner by an individual who has a relationship with the child. The nature of complaints and the method of follow-up will consider cultural sensitivity.

Anonymous Option

If you wish to remain anonymous when filing a complaint/grievance, you are asked to provide all of the information you are comfortable disclosing. Although we welcome your concerns, if you are not comfortable giving your name, we won't be able to provide feedback or information to you regarding the corrective action plan.

Steps for Filing a Grievance

- 1) Obtain grievance form from our website or your foster parent manual.
- 2) Complete the grievance form with all information you are comfortable providing.
- 3) Leave the cover page attached to the grievance form to provide confidentiality.
- 4) Submit your completed form to the available Serenity Receptionist, Serenity Social Work Supervisor or the Executive Director.

When filing a grievance or complaint with Serenity, the grievance will be kept in a confidential binder within the Executive Director's office. Copies of complaint investigation reports and actions, if applicable, will be filed in the resource/foster family office file.

By signing below, I/we affirm that I/we have read and understand the above outlined grievance policy.

Resource Parent #1

Date

Resource Parent #2

Date

For	Agency	Use:
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Grievance Submitted to:	Date:
Date Supervisor or Executive Director was notified:	
Date Response was provided to grieved:	
Plan of Action (Indicate actions taken to address the issue including follow up dates):	
Supervisor Comments:	
Executive Director Comments:	
Serenity Representative Signature:	
Title: Date:	
$\hfill\square$ I have filed a copy of this grievance in the Serenity confidential grievance binder.	



Grievance Form

Your Name :	Serenity Social Worker that you are working with:		
Child's Name:	Resource Family that you are working with:		
Phone with Area Code :			
Email Address:	Indicate the Program Associated with the Grievance:		
County Social Worker Name:	 □ Foster Care □ Therapeutic Learning Center □ Adoption □ Other: 		
Information about the Grievance (if applicable):			
Date: Time:	Time: Location:		
Briefly describe the nature of your grievance. (Please attach additional pages as needed):			
Do you have any requests regarding this situation? (Please attach additional pages as needed)			
Signature:	Date:		

Print name of person completing form: _____ Date: _____ Date: _____