

# FORM H2: FSF PROGRAM GRIEVANCE FORM

- 1. FORM H2 is a Program Grievance form that is filled out and turned into FSF
- 2. FSF will contact the Agency/Client to gather information about the alleged incident
- 3. Grievances may result in an unannounced Agency site visit
- 4. After a full investigation, FSF will take corrective action, if necessary
- 5. The conclusions of the investigation will be sent to the Agency, in writing, and placed in its file

### **Final Decision:**

Any necessary and appropriate actions will be taken to correct any bad practices or behavior, which will be determined on a case by case basis. If it is concluded that the Agency was not in the wrong, the complaint will be dismissed.

### **Agency Complaints:**

If your Agency has recurring problems with a client, please notify FSF so that we are aware of the situation. We may be able to help or advise how to best handle the problem.

### **Retaliation:**

FSF has a zero-tolerance policy against retaliation of any kind. A client will not be discriminated against, harassed, or suffer any reprisals as a result of filing a grievance.

Submitting the grievance may require disclosure of personal information. Civil Rights Complaints should be filed directly with the USDA. The information is listed at the end of this form.

Agency Name	Agency #		
Date of Occurrence	Date Complaint is Filed		
Complainant Name			
Complainant Address			
City	State	Zip Code	
Phone #	Email		

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Be sure to include how you were treated differently from others. (Please attach another sheet if necessary.)

What is the most convenient time for us to contact you regarding this grievance?

Morning Afternoon Evening

## What remedy are you seeking for this complaint?

Is this the first time you have had a complaint about this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Please return compeleted form to: Director of Partner Services

c/o Feeding South Florida 2501 SW 32nd Terrace Pembroke Park, FL 33023

Signature of Person Filing Grievance

Printed Name of Person Filing Grievance

Date Received