

Maternal and Child Health Coalition of Greater Kansas City, Inc.
dba Mother & Child Health Coalition (MCHC)
Grievance Policy

Definition of Grievance: Dissatisfaction with a service, program policy or procedure, or with an individual providing service through MCHC and/or its affiliated programs.

You (MCHC members, staff, donors, vendors, and the general public) have the right to file a grievance if you feel you have been treated unfairly. You will suffer no repercussions as a result of filing a grievance. All grievances will be addressed in a confidential manner. To ensure that differences or conflicts are resolved in a supportive and respectful manner, the following procedures are to be followed:

1. Every attempt should be made to resolve issues, problems or misunderstandings directly between the affected people.
2. If the issue(s) cannot be resolved to your satisfaction, a Grievance Form can be completed and submitted to the Mother & Child Health Coalition's Executive Director via fax, mail or in person, by delivering it to the MCHC office:
Mother & Child Health Coalition
1734 E. 63rd Street Ste. 301
Kansas City, MO 64110
(816) 283-0307 fax
3. The Executive Director will review the grievance and provide a written response back to the person(s) who filed the grievance within thirty days of receipt. In the event that there is a direct conflict of interest with the Executive Director, the grievance will be reviewed by the Chairperson of the MCHC Board of Directors.
4. If you do not agree with the Executive Director's decision, you can appeal the decision by re-submitting the Grievance Form to the attention of the MCHC Chairperson, indicating a request for an appeal. The Chairperson will make a final decision on the grievance within thirty days of receiving the grievance form. You will be notified of the final decision in writing.
5. All appeals will be reviewed by the MCHC Executive Committee.
6. If you need assistance completing this process please contact MCHC's main office at (816) 283-6242.

Maternal and Child Health Coalition of Greater Kansas City, Inc.

**dba Mother & Child Health Coalition (MCHC)
GRIEVANCE FORM**

Name: _____ **Date:** _____

Address: _____

Name of person(s) or program you are filing this grievance against: _____

In your own words, please explain in detail why you are filing this grievance:

(ADD ADDITIONAL PAGES AS NEEDED)

What do you suggest be done to correct this problem?

(ADD ADDITIONAL PAGES AS NEEDED)

Name of witnesses who observed or has first-hand knowledge concerning this grievance:

Witness Name: _____

Relationship to person filing grievance: _____

Witness Phone: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____

a) Sign the completed form and place it in a sealed envelope.

b) Mail, deliver or fax the form to:

Mother & Child Health Coalition
2340 E. Meyer Blvd., Bldg. 1, Suite 216
Kansas City, MO 64132
(816) 283-0307 fax

c) Your grievance will be acted on and a decision will be given to you within thirty days of filing.