

CTFB PROGRAM GRIEVANCE

1. This is a Program Grievance form that is filled out and turned into CTFB
2. CTFB 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, CTFB 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 CTFB so that we are aware of the situation. We may be able to help or advise how to best handle the problem.

Retaliation:

CTFB 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 complaint 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 completed form to:

VP of Network Services
Central Texas Food Bank
6500 Metropolis Drive
Austin, TX 78744

Signature of Person Filing Grievance

Printed Name of Person Filing Grievance

Date Received