



Standardized Grievance Form

*Please read the Singleton Moms Communications Code of Conduct Policy prior to filing a grievance.

Contact Information:

Name: _____

Phone: (Home) _____ (Cell) _____

Address: _____

City: _____ Zip: _____

Relationship to Singleton Moms:

- Parent on Service
- Volunteer
- Board of Directors
- Staff

Grievance Information:

Date of Occurrence: _____

Note: Must be within 10 days of filing

Have you discussed this issue with the Program Coordinator?

- yes no

Date of Discussion: _____

Issue of Grievance: (Please read the list of issues that are not grievable in the Communication Code of Conduct Policy under Communications Practices)

List specific problem/ issue:



For clarification of the issues of your grievance, please provide statements regarding the unfavorable condition which is the subject of this grievance. (Describe what happened, when and where, how you have been affected and indicate name of others involved.)

Relief Requested: Indicate the action(s) that would resolve your grievance:

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

Signature

Date

As stated in the Singleton Moms Communications Code of Conduct Policy All phone calls, emails and forms will be addressed during normal Singleton Moms business hours. Grievances sent outside of normal business hours will be followed within 3-5 business days. Singleton Moms office hours are M-F 9 am- 2pm and the 2nd and 3rd Saturday of the month from 10 am – 2pm.

Please mail or email this completed form to:

Singleton Moms
Attn: Jody Farley-Berens
7579 E. Main Street #700
Scottsdale, AZ 85251
jody@singletonmoms.org