

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED SERVICE COMPLAINT/GRIEVANCE FORM

Grievant's Name:

Address:

Date(s) of Discussion(s) with Department's Employee:

Nature of Complaint/Grievance and Requested Remedy:

Grievant's Signature: _____ Date: _____

Date Grievance Form Presented to Supervisor: _____

Error! Bookmark not defined. ONLY VR Grievant completes this section:

- 1. I understand I have the right to seek a resolution to my complaint through an informal hearing, mediation (if the mediation is also agreed to by DBVI) and/or receive a formal hearing before an impartial hearing officer. I understand that an informal hearing and/or mediation cannot delay the formal hearing without my consent.*

I understand if I am not satisfied with the outcome of an informal hearing or mediation, I have the right to go to a fair hearing before an impartial hearing officer. If I choose mediation, I understand it must take place prior to the formal hearing.

- a. I choose first to seek a resolution to my complaint through*

an informal hearing provided by DBVI staff. Yes/No

b. I decline an informal hearing, and if agreed to by DBVI, elect to go directly to mediation. Yes/No/NA

c. I decline an informal hearing and mediation and elect to go directly to a fair hearing before an impartial hearing officer. Yes/No/NA

2. If response is yes to a. or b., I grant my consent to delay the formal hearing process _____ number of days until an opportunity has been given to resolve my complaint through the informal hearing process and/or mediation .

3. I understand the impartial hearing officer (for the purpose of conducting a formal hearing) will have complete access to my case record maintained by the Department for the Blind and Vision Impaired .

Grievant's Signature: _____

Worker's Signature: _____

Step One Supervisor's Response (All Programs):

Supervisor's Signature: _____ Date: _____

Accepted

Rejected

_____ Date: _____

Grievant's Signature

STEP TWO - Supervisor's Response (All Programs):

Supervisor's Signature: _____ Date: _____

Accepted

Rejected _____ Date: _____

Grievant's Signature

EDUCATION SERVICES ONLY

STEP THREE - Panel Hearing

*I understand the non-DBVI panel member _____,
will have complete access to my case record, maintained by
the Department for the Blind and Vision Impaired.*

Grievant's Signature: _____

Panel Members: _____

Panel decision is attached to this form.