



1050 SE 33rd Ave., Ste. 200, Minneapolis, MN 55414
T: 651-776-4273 | F: 612-767-8578 | www.RTMN.org

Client Grievance Process

Rebuilding Together Minnesota encourages all clients to discuss any concerns with the staff person working with the client and to seek to resolve any issues or problems through direct contact with Rebuilding Together Minnesota and our on-site representatives.

If a client does not feel comfortable addressing that representative directly, or feels that the situation needs further attention after such discussion is held, then the client may contact the Program Coordinator. If the Program Coordinator is involved in the grievance, then the client may contact the Program Director or Executive Director.

If a client desires to file a formal grievance, he or she can request a copy of the grievance form and policy. All clients have the right and will have the opportunity to express and resolve any grievances regarding their contact and interaction with Rebuilding Together Minnesota or representatives of Rebuilding Together Minnesota.

Filing a grievance will not cause an adverse reaction or retaliation against the client nor will it bar the client from the ability to receive additional services from Rebuilding Together Minnesota.

Once the client completes this form he or she will be required to send this form to the Rebuilding Together Minnesota office to the attention of the Program Director. A separate confidential file will be kept in relation to this grievance. The Program Director will try to resolve the issues raised by the client. If the issue is not resolved to the client's satisfaction, the grievance will be submitted to the Executive Director and or the Board of Directors for further discussion and resolution.

The grievance process will be completed within 45 days from receipt of a written grievance.

By signing below I, _____ state that I have been informed of and am aware of how to handle any issues and concerns I may have in relation to the services of Rebuilding Together Minnesota.

Client Signature _____ Date _____

Client Signature _____ Date _____

Address: _____

Phone Number: _____

Email: _____



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Client Grievance Form

Name: _____

Address: _____

Phone: _____ Today's date: _____

Email: _____

1. Date of incident of concern:
2. Issue and/or concern:
3. Initial steps taken to resolve the issue and/or concern
4. Rebuilding Together Minnesota' on-site response in regard these issues and/or concerns:
5. What is the action that the client wants Rebuilding Together to take or perform to satisfactorily resolve the issue and/or concern:
6. Please provide any additional information that will help Rebuilding Together to successfully work with you to resolve these issues and concerns:



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Client Grievance - Staff Finding

To be completed by Rebuilding Together Minnesota staff

Assigned to: _____ Date _____
(All issues to be resolved within 45 days of receipt of complaint)

Issues:

Findings:

Resolution:

Client sign off _____ Date _____