



Bridgeview Grievance Process

Bridgeview hopes to resolve the concerns people receiving services may have either in person or by phone. We want to work through any challenges and provide excellent assistance to our community.

If Bridgeview makes a decision that you do not agree with, you may file a grievance which gives you the chance to review the decision, explain why you disagree, and what you would like to see happen instead. This form can be found on the Bridgeview website or requested by calling Bridgeview or directly asking a Bridgeview staff member. **If you need a document translated or an interpreter, you may request it at any point.**

If you have questions about submitting a grievance, or need a replacement copy you may ask for assistance from *any* Bridgeview staff member or find the form on the Bridgeview website. The grievance form should be completed and turned back into Bridgeview by dropping it off at the Bridgeview Resource Center, e-mailing or mailing (please see contact information below).

You may also request assistance filling out a grievance form verbally by asking *any* Bridgeview staff member for assistance at the Bridgeview Resource Center or by calling the Bridgeview Resource Center. You would then talk with a staff member (different from whomever is involved with the grievance) over the phone and verbally share what you would like written on the form.

When a grievance is submitted, the Bridgeview Executive Director will review the grievance and may contact you to review why the decision was made or ask for additional information. The grievance decision will be provided based on your chosen communication method and language within 15 business days from when Bridgeview staff receive your grievance form.

If we responds to the grievance and you disagree, you have 30 calendar days to request (through e-mail or phone call) that the grievance be considered by the Bridgeview Executive Director. The Executive Director will make the final decision regarding the situation within 10 days of the submitted final grievance. The final decision will be provided in the preferred communication method and language chosen on the grievance form.

<p>Bridgeview Mailing Address 505 Omaha Way Vancouver, WA 98661</p>	<p>Bridgeview Resource Center Lobby Address 505 Omaha Way Vancouver, WA 98661 (Call first, to see if open)</p>	<p>Grievance Contact Information 360-737-2950 pbyrant@gobridgeview.org or pbryant@vhausa.com</p>
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Bridgeview Client Grievance Form

Date: _____

Client(s) Name(s): _____

Phone /Text Number: _____

E-mail Address: _____

Mailing Address: _____

How would you like to learn about the grievance decision (choose one)?

Telephone Call E-mail Mailed Letter Text

Would you like to review the reason a decision was made with a Supervisor/Director? Yes No

Name of Bridgeview Staff Involved: _____

Do you need interpretation assistance or this document in another language? Yes No

What Bridgeview/Resource Center decision do you disagree with and why?*

What do you think should have happened and why?*

*Feel free to use the back of this sheet or attach a second page.

Bridgeview Client Signature (typed name is ok) : _____ Date: _____

Please submit this form to the Bridgeview staff or mail / e-mail to Bridgeview. Your concerns are taken seriously and the Bridgeview Manager will respond within 15 business days of the receipt of the completed grievance form.

BV ONLY:

Date of Receipt:

Program: