

Dispute Resolution Center
of West Michigan

CONSUMER COMPLAINT POLICY

Applicability: This policy applies to complaints or grievances regarding the Dispute Resolution Center of West Michigan (Center). The policy applies to consumers, users, other service recipients, applicants for services, and potential users of the Center.

Subject of Complaints: Complaints concerning the quality, manner or timeliness of service delivery, including denial of services, are subject to this policy.

Notice and Availability of Policy: A copy of this *Consumer Complaint Policy* and *Consumer Complaint Form* are posted on the Center's website (www.drcwm.org) and will be provided to consumers upon request.

Procedure for Complaints:

- 1) Complaints must be in writing¹ using the Center's *Consumer Complaint Form*.
- 2) All complaints will be directed to the Executive Director at the address included on the form. The Executive Director may ask Center staff to respond to the complaints, in his/her discretion.
- 2) A complaint may include a request for an informal meeting with the Executive Director.
- 3) A written response to all complaints will be provided by the Center as soon as possible and in any event within thirty (30) days of receipt.
- 4) If the complainant is dissatisfied with the Center's response, the complainant may request, in writing, further consideration by the Center's Board of Directors by submitting a written request to the Board President sent to the address provided in the *Consumer Complaint Form*.
- 5) The Center will maintain a record of all written complaints and responses for at least three (3) years.

Confidentiality: All complaints will be kept confidential, pursuant to the terms of the mediation participation form entered into by mediation participants, will not be disclosed to any third party and may not be obtained by subpoena or otherwise.

¹ Persons needing assistance to complete or submit a written complaint (whether due to language or otherwise) may call the Dispute Resolution Center at 616.774.0121 for assistance in completion of a complaint form. Arrangements to file a written complaint may be initiated in person or by calling 616.774.0121.

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CONSUMER COMPLAINT FORM

(Please type or print)

Name _____ Today's date _____

Current address _____

Telephone no. _____ Email _____

Date of mediation(if held) _____ Mediator's name(if known) _____

Case # (if known) _____ Case manager's name (if known) _____

Have you discussed your concerns with the mediator or a Center employee? Yes No

If so, with whom? _____

Please summarize your complaint, providing as much detail as you feel necessary.
(You may write on the back if you need more room.)

What would you like to see happen as the result of this complaint? _____

Your Signature

Please send completed form to the attention of the **Executive Director** at:

Dispute Resolution Center of West Michigan
678 Front Ave NW Ste 250
Grand Rapids MI 49504-5368