**Client Grievance**

# As a client of Budget and Financial Management Assistance (BFMA), you have the right to file a grievance if you feel you have been treated unfairly or unprofessionally. It is the policy BFMA to treat clients and applicants with fairness and professionalism. You will suffer no repercussions in service delivery as a result of filing a grievance. All grievances will be addressed in a confidential manner. Notification of the grievance process will be given to all clients and applicants at the time a contract is signed or at any time it becomes clear the client or applicant is not satisfied with BFMA’s service.

# Procedure

If you have a grievance you must first discuss it with the financial case manager you are working with. If this does not resolve the issue(s) or if you feel this is not an option, you can proceed with the following steps:

1. A written statement will be prepared (including date and time of the grievance).

You may ask for assistance from another case worker. Describe the incident fully and record the date you are submitting it.

2. Submit the grievance to the Executive Director within 10 working days of the incident. An

appointment will be scheduled for you to speak with the Executive Director and

seek to resolve your grievance.

3. If a resolution has not occurred within 12 working days of receipt of the written grievance, your grievance will be referred to the president of the Board of Directors who will appoint a three member Board committee to investigate the grievance and resolve the issue. The decision of the Board committee will be presented to the client in writing and orally within 30 days of receipt of the written incident report.

You may take the grievance to the Social Security Administration if not satisfied with the result.

**All written correspondence should be faxed or mailed to:**

Executive Director

Budget and Financial Management Assistance (BFMA)

P.O. Box 414711

Kansas City, MO 64141

FAX: 816-474-1673

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date