Dancing Sky
Area Agency on Aging

www.dancingskyaaa.org

**Addressing Concerns Involving the Dancing Sky Area Agency on Aging**

**Staff, Clients, and/or Community Members**

Policies and Facilities: A complaint or grievance is a formal expression of concern about any issue thought to be unjust, unfair, or abusive. A grievance procedure is the method of addressing issues and/or concerns that cannot be resolved informally between Dancing Sky Area Agency on Aging staff, clients, and/or community members.

Dancing Sky Area Agency on Aging Clients, Staff, and/or Community Members:

1. Complete a "Written Concern Form" stating the reasons for your concern within 5 days of the incident. Send or deliver the written details to the Dancing Sky Area Agency on Aging Program Manager located at 109 South Minnesota Street, Warren, MN 56762. The Program Manager will respond within five (5) business days of receiving your written grievance.

2. If a mutually agreed-upon resolution is not met, the written grievance will be sent immediately to the Aging Program Director or the Northwest Regional Development Commission (NWRDC) Executive Director. The Aging Program Director or NWRDC Executive Director will respond to you within ten (10) business days.

3. If a mutually agreed-upon resolution is still not met, the written grievance will be sent to the NWRDC Board of Directors. A meeting with the NWRDC Executive Committee will be scheduled with you within (5) working days of receiving the decision of the Executive Director regarding the written concern. This is the final level of the grievance.

**WRITTEN CONCERN FORM**

Name _____

Phone _____ Date _____

Indicate your role here:

☐ Employee
☐ Client
☐ Community Member

Description of concern:

Please indicate the date of the incident and the people involved:

Possible solution to the problem:

Signature _____

Date _____

Please return completed form to:

Dancing Sky Area Agency on Aging
Attn: Aging Program Director
109 South Minnesota Street
Warren, MN 56762

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***Dancing Sky Area Agency on Aging Program Director***
Date Received: _____

***NWRDC Executive Director***
Date Received (if applicable): _____

***NWRDC Executive Committee***
Date Received (if applicable): _____