



Grievance Form Instructions

A client who is dissatisfied with a condition of service that has been provided by Senior Services of Central Illinois or believes he/she has been discriminated against has the right to present his/her complaint or grievance in writing to the Director of that program within 15 workdays of the occurrence. The Program Director then must respond to the client in writing within 15 workdays.

Activities/Program Director (Springfield Congregate site activities and trips and travel)
CCU Director (Comprehensive Care Coordination Program, Choices for Care, Adult Protective Services, Information and Assistance, Elder Assistance Services Program, Caregiver Specialist Program)
Foster Grandparent Director
Illinois Senior Games Director
Nutrition Director (Congregate sites (Athens, Auburn, Chatham, Greenview, Petersburg, Springfield, and Tallula), Daily Bread, and Springfield Specialty Meals on Wheels)
Senior Transportation Director

If the client is not satisfied with the response the Program Director has rendered, he/she may appeal in writing within 15 calendar days for a conference with the Executive Director of Senior Services of Central Illinois. This meeting will be held within 30 calendar days upon receipt of written notice. Within 5 calendar days after the conference, a decision shall be presented in writing to the client with a copy being sent to the Program Director involved.

If the client wishes to further appeal the decision of the Executive Director, he/she may present a written appeal to the Personnel Committee of Senior Services of Central Illinois' Board of Directors within 5 calendar days.

The Personnel Committee will render its decision in writing within 10 calendar days of receipt of appeal.



Grievance Form

Personal Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone 1: _____ Phone 2: _____

Email: _____

Incident Information

Date of Incident: _____ Program of Concern: _____

Issue of Concern: _____

How would you like your concern addressed? PHONE CALL IN PERSON MEETING

Signature: _____ Date: _____

Please send completed form to:
Senior Services of Central Illinois
Attn: Executive Director/HR Director
701 West Mason
Springfield, IL 62702