

Client Rights & Grievance Policy

The a copy of the Client Rights & Grievance Policy should be provided to the client(s) and a copy maintained in the case file.

All clients of [Insert Affiliate Name] have the following rights:

The right to self-determination in all your actions, including the right to consent to or refuse any services offered by **[Insert Affiliate Name]** and/or their volunteer partners;

The right to be treated with respect in all interactions;

The right to dignity, humane treatment and freedom from any form of abuse or exploitation;

The right to privacy and confidentiality;

The right to be provided with honest and truthful information;

The right to access your personal information, including viewing your case file;

The right to have your identity and photo protected from public use without your signed consent;

The right to request to speak with a supervisor and/or file a grievance if you are unsatisfied with your services

All volunteers and staff of [Insert Affiliate Name] have the following rights:

The right to be treated with respect in all interactions;

The right to dignity, humane treatment and freedom from any form of abuse or exploitation;

The right to be provided with honest and truthful information;

The right to terminate services/program participation if these rights are violated;

My rights as a client of **[Insert Affiliate Name]** have been clearly explained to me and I have been provided a copy of the Client Rights & Grievance Policy. I understand that if I feel my rights have been violated, I can request to speak with a supervisor and/or file a grievance as outlined in this form. I understand and agree to uphold the rights of staff and volunteers of **[Insert Affiliate**

Name] Signatures

Date:	
PA Name:	[PA Full Name]
PA Signature:	
Adult 2 Name:	[Adult 2 Full Name]
Adult Signature:	
Adult 3 Name:	[Adult 3 Full Name]
Adult Signature:	
Adult 4 Name:	[Adult 4 Full Name]
Adult Signature:	
Interpreter Name:	
Interpreter Signature:	

If you feel your rights as a client, volunteer or staff member of **[Insert Affiliate Name]** have been violated, or if you are otherwise dissatisfied with your program participation, you may follow the following grievance procedure:

1. Present the matter directly to a staff member either in person, in writing or by telephone. If possible, discuss your concerns directly with the staff member involved in the grievance.
2. Contact the office director to discuss your experience. This may be done in person, in writing or by telephone. You may request an interpreter or provide your own as needed. You have the right to request an alternative interpreter if you are uncomfortable with the assigned interpreter.

Contact Name:		Office Address:	
Email of Contact:		Phone Number:	
<p>3. If you are dissatisfied with the actions taken in response to your grievance, you have the right to contact the national headquarters of Church World Service to file a grievance. Contact information: Church World Service, 475 Riverside Drive #700, New York, NY 10115. Phone: (212) 870-2061. Fax: 212-870-3300. Email: IRPFeedback@cwsglobal.org</p>			