Safe Haven Grievance Form

If you have a concern or complaint about services provided by Safe Haven, staff will make reasonable efforts to understand your situation and come to a conclusion or solution that is agreeable to all parties involved. While we would like guests to approach staff directly with any issues, this form may be used to bring an issue to the attention of the Coordinator if no solution has been reached.

Note: If you wish to appeal a suspension, see the Porchlight, Inc. Guest/Applicant/Resident Appeal Process. If you were issued a permanent loss of services and are requesting reinstatement of services, see the Porchlight, Inc. Reinstatement Policy. Do not use this form for either of those purposes.

Please describe the issue: ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What steps have you taken thus far to resolve this issue? ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What are your suggestions on how this may be resolved now? _________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Guest Name: ___________________________ Guest Signature: ________________________________

____________________________________________________________________________________
OFFICE USE ONLY

Date Received: _________________________

Action taken by Safe Haven Coordinator:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________