

# Crawford County Human Services

18282 Technology Drive, Suite 101  
Meadville, PA 16335

Susan E. Watkins, Director  
Kelly R. Schwab, Deputy Director  
Krysta N. Simons, Associate Director

Phone: (814)-724-8380  
Fax: (814)-337-8080  
Toll Free: 1-(877)-334-8793

## Grievance/Appeal Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Do you wish to be contacted? ☐ Yes ☐ No

I am filing ☐ a grievance

☐ an appeal (check the appeal box if you have received a written resolution to your grievance and wish to appeal our decision)

Are you currently receiving services from Crawford County Human Services? ☐ Yes ☐ No

If yes, which services? (check all that apply)

☐ Integrated Intake ☐ Children and Youth Services ☐ Intellectual Disabilities

☐ Early Intervention ☐ Blended Case Management ☐ Independent Living

☐ Family Group Decision Making ☐ Family Case Management

If no, which best describes your relationship with Human Services? (check all that apply)

☐ Provider Agency ☐ Community Agency ☐ Concerned Citizen

☐ Friend/family Member of someone receiving services

Please document the incident that led to the filing of this grievance:

Where did the incident take place? \_\_\_\_\_

Name of the individual(s) affected by incident, if applicable: \_\_\_\_\_

Name of staff person(s) involved in the incident: \_\_\_\_\_

Describe the events of the incident, be as specific as possible (use additional paper if necessary):

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Please describe how you would like to see this grievance resolved. *(use additional paper if necessary):*

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- ☐ Please check this box if you feel your grievance is urgent and must be resolved before **21** calendar days of receipt of your grievance. (Please explain why your grievance is urgent below.)

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By signing below, I agree with the following statements:

- This grievance is truthful and necessary.
- I have tried other ways to resolve this grievance before submitting this form.
- I was not pressured into filling out this grievance form by anyone.
- If I needed help in completing this form I was able to get it.
- I understand the grievance policy, and I know when to expect a decision about my grievance.
- I understand the appeal process, and I know that I can file an appeal if I am not satisfied with the resolution to my grievance.

***Under the law, you are protected from retaliation or punishment for filing a grievance.***

\_\_\_\_\_  
Signature of person filing grievance

\_\_\_\_\_  
Date

\*\*\*\*\*

## **This section is only for children involved with Children and Youth Services**

Please send a copy of my form to the following: *(use additional paper if necessary)*

Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ relationship: \_\_\_\_\_

The Mission of Crawford County Human Services is to partner with children, adults and families to provide timely access to flexible services and opportunities that empower them to make informed choices for a safe, healthy, and secure lifestyle at home and in the community.

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Once completed this form needs to be sent:

**For Grievances:** By mail to the attention of Director, Crawford County Human Services, 18282 Technology Dr., Suite 101, Meadville, PA 16335 or via email to: [swatkins@co.crawford.pa.us](mailto:swatkins@co.crawford.pa.us).

Once the *Grievance Form* is received by the agency, it will be immediately assigned to the appropriate agency designee who will have **30 calendar days** to review and resolve the grievance. If the grievance indicates a high level of urgency, then the agency designee will have **10 calendar days** to review and resolve the grievance.

The agency designee will send a *Notification of Receipt of Grievance Letter* to the individual filing the grievance within **3 business days** of receiving the grievance.

The agency designee will send a *Notification of Determination Letter* to the individual filing the grievance within **3 business days** of the conclusion of their review of the grievance.

If the grievant wishes to appeal the grievance determination, a written request must be made by completing and submitting an *Appeal Form* to the Director of CCHS.

**For Appeals:** By mail to the attention of: Director, Crawford County Human Services, 18282 Technology Dr., Suite 101, Meadville, PA 16335 or via email to: [swatkins@co.crawford.pa.us](mailto:swatkins@co.crawford.pa.us).

Once the *Appeal Form* is received by the Director of CCHS, it will immediately be assigned to the Deputy or Associate Director for review and processing.

The assigned Deputy or Associate Director will review the decision and make a final determination of the appeal within 10 days of the receipt date of the appeal request.

The Deputy or Associate Director will send a *Notification of Determination Letter* to the grievant, no later than three (3) days after the conclusion of their review of the original decision.

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For a copy of Crawford County Human Services Grievance and Appeal Policy, **HS-101**, a request may be made to the agency designee who is assigned to review the grievance.

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