



FAMILY HAVEN

2828 Mission Hill Rd Tulalip, WA 98272
Main 360-716-4002 Fax 360-716-0791

Family Haven Concern/Grievance Review Request

Family Haven is committed to the Family Advocacy mission of strengthening our families together while upholding traditional values. We do this through our positive beliefs in families, while offering consistent support and providing opportunities for youth and family wellness and empowerment.

Family Haven has established a process for families and individuals to share concerns related to a specific staff or provided service.

To submit a concern, please follow these steps:

1. Contact the Family Haven Administrative Assistant at (360) 716-3284 to request the concern documentation form or you may download the form online at: <https://www.tulaliptribes-nsn.gov/FamilyAdvocacy/FamilyHaven> under the Documents Tab on the right.
2. Fill out the form completely with as much detail as possible.
3. Return the form by mail or in person to the Family Haven Director. If returning in person, submit it in a sealed envelope for confidentiality. If you have questions, you can contact the Family Haven Director at (360) 716-3284

Once the form is received:

1. The Director will review the concern and contact the client to clarify any information.
2. The Director will investigate the concern and determine appropriate next steps.
3. The Director will meet with the client to discuss the findings and the response.
4. Following the meeting a follow-up letter will be provided within five (5) business days summarizing what was discussed and any actions taken; within the restrictions of confidentiality.
5. If the concern is not resolved, the client may request a meeting with the Family Advocacy Executive Director by contacting the Family Advocacy Administrative Assistant at (360) 716-3284.
6. If still unresolved, the client may request to speak with the CAO by calling (360) 716-4000.

Family Haven Concern/Grievance Review Request Form

MUST INCLUDE SIGNATURE & CONTACT INFORMATION TO BE REVIEWED

Please use this form to tell us your concern or grievance regarding an experience you had with Family Haven. This form is received by Family Haven Director. All concerns or grievances are reviewed for next steps.

ONCE THE FORM IS RECEIVED:

- 1. The Director will review the concern and may contact the client to clarify any information within five (5) business days.*
- 2. The Director will investigate the concern and determine the next appropriate steps (May take up to two (2) weeks).*

Date: _____ Name: _____

Please describe your concern or grievance in the space below: Please include the date of the event if applicable.
Use additional paper if necessary.

Please list the steps you have made with Family Haven in the past to address this concern or grievance.

Briefly describe the specific action you are suggesting Family Haven take in this matter and / or your desired outcome.

Phone: _____ Email: _____

Signature: _____

Office Use Only

Date Received:	Signature:
Date Reviewed by Director:	Signature:
Status:	Next Steps: