



## Employee Assistance Program Grievance Form

Employee & Family Resources recognizes the client's right to provide feedback or file an informal grievance regarding EFR services. Clients are encouraged to identify concerns as they arise and speak directly with their counselor or other EFR staff about the concerns whenever possible. There are occasions when a client does not feel their concerns are resolved through these communication channels and filing a formal grievance is desired.

Clients are encouraged to call or write the Clinical Services Supervisor or Affiliate Network Manager with their specific concerns. They can be reached at (515) 244-6090 or (800) 327-4692 and at 505 Fifth Avenue, Suite 600, Des Moines, IA 50309.

Within two (2) working days of receipt of a written grievance or feedback form, the EFR Manager (or other designated staff) will acknowledge receipt of the information and will collect additional information from the client and/or EFR staff or contracted affiliate. Upon completion of an investigation of the situation, the EFR Manager (or other designated staff) will notify EFR Chief Operating Officer of findings and recommendations. The Chief Operating Officer will determine the action to be taken.

Within fourteen (14) days of receipt of a written complaint or feedback, EFR staff will notify the client of the findings and/or disposition. Notification will occur as the client requested, either by telephone and/or in writing

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### COMPLAINT

Specific complaint including information as appropriate regarding the nature of the issue, EFR staff involved, and date/location of services or issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

How would you like EFR to contact you: \_\_\_\_\_ Telephone \_\_\_\_\_ Mail \_\_\_\_\_ Both