



Thurston County Food Bank
360.352.3257 ext 204
www.tcfb.org

Client Grievance Policy and Procedures

It is the policy of the Thurston County Food Bank to provide our services to all eligible individuals without discrimination towards actual or perceived race, color, religion, religious creed (including religious dress and religious grooming practices), ancestry, national origin, citizenship, age, gender, gender identity (including transgender identity, status and transitioning), gender expression and sex stereotyping, sexual orientation, disability, substance use disorder, immigrant status, military or veteran status, political affiliation or beliefs, or any other basis protected by local, state, or federal laws.

As a recipient of our services you have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery as a result of filing a grievance. All grievances will be addressed in a confidential manner.

If you have a grievance you should first discuss it with the building manager for the facility in which the grievance occurred. If this is not successful or if you feel this is not an option, you should proceed with the following steps.

1. A written statement should be prepared using our Grievance Form. You may access the form on our website or ask for a printed copy from any staff in our facilities.
2. Submit the written grievance to the building manager in the building in which the grievance occurred within 15 working days of the event. If the grievance is with the building manager, you have the option to submit an online grievance or download and mail the form to the office in a sealed envelope to: Thurston County Food Bank, Attn: Human Resources Director, PO Box 11549, Olympia WA 98506-1549. You can also deliver the addressed and sealed envelope to one of our facilities, requesting it be delivered to the HR Director.
3. Upon receiving a complaint, the HR Director shall determine if an attempt for resolution has been made at the organizational level. The HR Director will provide a written response to the grievant within 90 days of the grievance receipt.
4. The organization shall keep records of grievances it receives, the type of grievances and the resolution status of the grievance. It shall ensure the availability of these records while also protecting client and staff confidentiality.



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GRIEVANCE FORM

VISITOR/CLIENT INFORMATION	
TODAY'S DATE	
VISITOR NAME	
CONTACT INFORMATION	
RECEIVED BY: STAFF MEMBER NAME (print)	
WHO WAS INVOLVED? Provide names and titles. Include witnesses.	
WHEN DID IT OCCUR? Date and time	
WHERE DID IT OCCUR? Specific locations	
WHAT HAPPENED? Describe the event in detail. Also, describe any incidents giving rise to the grievance. If bodily injury occurred, please describe in detail.	
ADDITIONAL COMMENTS Attach sheets, if needed.	

SIGNATURES

VISITOR SIGNATURE	DATE

STAFF MEMBER SIGNATURE	DATE

HUMAN RESOURCES DIRECTOR SIGNATURE	DATE

Copy to client
 Original to HR



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Client's Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to service in a clean, safe environment.
3. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of an adult client.
4. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
5. The right to receive an explanation of the reasons for denial of regular services.
6. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability.
7. The right to be fully informed of all rights.
8. The right to file a grievance (request hard copy from staff or download or submit online).
9. The right to have oral and written instructions for filing a grievance.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720 5964 (Voice and TDD). USDA is an equal opportunity provider and employer.