

KARE CLIENT GRIEVANCE & COMPLAINT NOTICE

HAVE A CONCERN ABOUT HOPE SERVICES?

You have the right to tell us if you have a problem with our services, staff or volunteers, or a decision or recommendation we made about your pet.

Making a complaint will not cause you to lose HOPE services or be punished for complaining.

You can make a complaint:

- In person, by phone, by email, or in writing;
- Using the complaint form or without using a form;
- With help from another person; or
- Anonymously or using an alias.

If you need help making a complaint, including translation, help reading or writing, or another accommodation, please ask us. We will make reasonable efforts to help.

Start with the HOPE Program Coordinator

Email: christie@nwkare.org

Phone: (360) 286-4088

Address: PO Box 994, Silverdale, WA 98383

If the Program Coordinator is the problem, or you do not receive a sufficient response within 7-10 working days, contact the KARE Ethics Officer: natalie@nwkare.org

If the matter is still unresolved and you believe it needs further attention, you may ask the Board President for a Zoom or in-person meeting with the KARE Board of Directors at dianne@nwkare.org. KARE will make reasonable efforts to respond to a formal complaint within 7-10 working days. Some matters may take longer; if so, KARE will try to tell you that the review is continuing.

No retaliation. KARE will not fine you, charge you a fee, deny HOPE services, threaten you, or otherwise punish you because you made or participated in a complaint.

If your complaint involves a County-funded program and KARE's process does not resolve the issue, you may escalate it to the Kitsap County Housing and Homelessness Division. When applicable, complaints may also be escalated to the Washington State Department of Commerce. If you fear retaliation from using KARE's internal process, you may use the applicable external process without completing KARE's process first.

KCHHD contact: Carl Borg - ceborg@kitsap.gov

KARE COMPLAINT & GRIEVANCE FORM

You do not have to use this form to make a complaint. You may make a complaint verbally, by email, in writing, with help from another person, anonymously, or using an alias. Ask KARE if you need translation, help completing this form, or another accommodation.

Name (optional):
Alias (optional):
Phone/email or other way to contact you (optional):
Date complaint submitted:
Date(s) of event, if known:
Location/program/service involved:
HOPE staff/volunteer/person(s) involved, if known:

What happened? Please describe your concern.

What would you like KARE to do, if you have a requested resolution?

Other information, witnesses, or documents you think may help:

Would you like KARE to contact you about the outcome? ☐ Yes ☐ No ☐ I am submitting anonymously

Signature (optional): _____ Date: _____

For KARE use only: Complaint ID: _____ Date received: _____ Reviewer: _____