**TITLE**  VETERAN SERVICES DIVISION GRIEVANCES

**EFFECTIVE DATE:** February 24, 2020

**AUTHORITY:** General authority of the Director of the Department of Veterans Affairs, hereinafter referred to as Department, to manage and direct the Department, RCW 43.60A.040, .050, and .060.

**PURPOSE:** To provide for the public a policy for filing grievance with the Veterans Services Division.

**APPLICABILITY:** All Veteran Services Division Clients or potential clients.

This policy does not apply to residents of the State Veterans Homes, or clients of the Veterans Transitional Housing Program. These individuals will follow the grievance policy for the program their facility or program.

**DEFINITIONS:** None

**POLICY:**

I. Clients or potential clients have the right to file grievances without discrimination or reprisal. WDVA's Veteran Services and Counseling and Wellness Divisions respect the clients' right to file grievances.

II. Any client, potential client, or his/her legal representative or guardian may file a grievance concerning service and support or concerns about discrimination of any kind.

III. If any client, potential client, or his/her legal representative or guardian requires assistance, staff will assist in filing the grievance. Grievance report forms are available through receptionist at the Veterans Service Center in Olympia, WA, King County or Building 10, or on the WDVA web page at: [https://www.dva.wa.gov/about-wdva/contact-us](https://www.dva.wa.gov/about-wdva/contact-us).

IV. Grievances must be submitted in writing and signed by the client, potential client, or his/her legal representative or guardian on behalf of the client. Grievances must be filed
within ten (10) business days of the event or discovery of the event being grieved. This deadline may be extended for good cause at the discretion of the Division Administrator or Designated Staff.

V. All grievance reports shall be recorded in the Grievance Log. The Grievance Log shall be maintained by the Division Administrator or Designated Staff and reviewed quarterly for compliance.

VI. Grievances shall be investigated and a disposition made within thirty (30) days of receipt of the grievance report. This deadline may be extended for good cause at the discretion the Division Administrator or Designated Staff.

VII. Following the investigation and disposition, the individual who made the grievance will be notified. Should the individual wish to appeal the decision, they may do so in writing to the Assistant Director for Veterans Services and Counseling and Wellness within ten (10) business days of the notification.

REVIEW: This policy shall be reviewed every 5 years and updated as needed.
REFERENCES: N/A
SUPERSESSION: DVA Policy 520.100 dated April 19, 2019.
ATTACHMENTS: WDVA Service Center Grievance Report

Lourdes E. Alvarado-Ramos, Director

Date
SERVICE CENTER GRIEVANCE REPORT

This form may be used by WDVA – Veteran Services client or his/her legal representative or guardian when they have a grievance with a program or entity within the Veteran Services and Counseling and Wellness Divisions.

If you require assistance to complete the form, assistance will be provided. Upon completion, the form is to be sent to WDVA for investigation. This report may be submitted without fear of threat or reprisal and will not impact any services that you or your client may be entitled to.

Name of Complainant: [Name]  
Client ID/SSN: [SSN]

STEP I

Name & Title of Person Filing Grievance (if different than above):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>[Name]</td>
<td>[Title]</td>
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<table>
<thead>
<tr>
<th>Relationship to Complainant</th>
<th>Date of Incident: / /</th>
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<tbody>
<tr>
<td>[Relationship]</td>
<td>[Date]</td>
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</table>

<table>
<thead>
<tr>
<th>Time of Incident: [AM] [PM]</th>
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<tbody>
<tr>
<td>[Time] [AM] [PM]</td>
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<table>
<thead>
<tr>
<th>Nature of the Incident / Describe the Incident:</th>
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<tbody>
<tr>
<td>[Description]</td>
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Was there another person involved in the incident? [YES] [NO]

If yes, who: [Name]  
Was the person a DVA Employee? [YES] [NO]

STEP II

Send to WDVA for Investigation

<table>
<thead>
<tr>
<th>Mail to</th>
<th>WDVA – Service Center Grievance</th>
<th>Fax: (360) 586-1093</th>
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<tbody>
<tr>
<td>PO Box 41155</td>
<td></td>
<td>Email</td>
</tr>
<tr>
<td>Olympia, WA 98504-1155</td>
<td></td>
<td>Sent Date: / /</td>
</tr>
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Printed Name: [Name]  
Signature: [Signature]

STEP III

Investigation / Results:

STEP IV: Form forwarded to appropriate Division Program Manager or Supervisor for investigation. Log all information into the grievance log and place the original form in the log. Provide information to the individual who filed the grievance on the disposition of the grievance.