

Client Name:
Client ID:
Date of Birth:

Willow Tree Counseling

Grievance Policy

Provided to you is the policy for any grievance related to services from Willow Tree Counseling (hereafter referred to as WTC).

- 1) Notify your provider immediately so your provider can work with you to address your concern. Your provider, or the director of WTC, will work with you to resolve your concern.**
 - a. What is the grievance? When did the event that prompted the grievance occur?
 - b. What resolution do you feel would address your concern?
- 2) If your concern has not been resolved through informal measures, you have the right to file a written grievance.**
 - a. Complete the WTC grievance form.
 - i. You may ask staff for a copy of the form.
 - ii. You may access the form online at <https://www.willowtreecounselingfm.com/grievance>
 - iii. Information to be included:
 1. What is the grievance? When did the event that prompted the grievance occur?
 2. What informal steps have been taken to resolve the grievance?
 3. Describe how informal attempts for resolution were ineffective.
 4. What resolution do you feel would address your concern?
 - b. The grievance form must be provided to WTC within 7 business days of the completion of the attempt to informally resolve the grievance. This may be sent by:
 - i. Mail: Willow Tree Counseling, 102 Beaton Dr., Ste. 103, West Fargo, ND 58078
 - ii. Fax: 701-552-7975
 - iii. E-mail: erin@willowtreecounselingfm.com
 - c. WTC has 14 business days to respond to the received grievance.
- 3) If informal and formal resolution has not been made, or you feel that that your provider or WTC has acted unethically, you may file a complaint with the respective licensing authority listed below. If WTC is notified that a grievance has been made with a licensing authority, WTC will request that you sign a release of information to allow your provider and/or WTC to respond to the grievance.**
 - a. North Dakota Board of Counselor Examiners
 - b. North Dakota Board of Addiction Counselor Examiners
 - c. Department of Human Services
 - d. Secretary of the US Department of Health & Human Services.

Should you not follow the identified grievance policy or respond to requests for additional information, your lack of response will be considered as resolution to the grievance.

My signature indicates that I have read and received a copy of Willow Tree Counseling's grievance policy and how to access the grievance form.

Client Signature

Date:

Legal Guardian Signature *if applicable*

Date:

Client Name (Printed): _____

Client ID: _____

Date of Birth: _____

Willow Tree Counseling

Grievance Form

COMPLAINANT INFORMATION:

Printed First & Last Name

Mailing Address

City

State

Zip Code

Phone Number

E-mail Address

CLIENT INFORMATION (IF FILED BY SOMEONE OTHER THAN THE CLIENT):

Printed First & Last Name

Mailing Address

City

State

Zip Code

Phone Number

E-mail Address

Please describe the grievance:

What informal steps have you taken to resolve the grievance?

Please describe how informal attempts at resolving the grievance were ineffective:

Please identify what an appropriate resolution would be:

Signature

Date: