

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD OF  
ST. CHARLES COUNTY**



**GRIEVANCE**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In the area below please describe, with as much detail as possible, the incident or action for which you are filing this grievance/complaint. Include dates, times, places and individual(s) involved. Use an additional sheet of paper if necessary:

Please list witnesses (if any) to the incident/action:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please describe below, what outcome you expect as a way of resolving this grievance/complaint:

Additional Comments:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accepted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submitted to:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The DDRB seeks to handle all complaints in a timely manner. From the date of submission, the DDRB will have 10 business days to respond. Should an extension of time be necessary, all parties involved will be notified in writing and advised as to why the extension is necessary. Grievances are confidential in nature and those filed will be kept confidential as is possible and practical. The complainant has the right to appeal the DDRB's response, consistent with the DDRB Grievance Procedure.