

Appendix B. Grievance Procedure for RFP Respondents to ACAM's Helping Hands Benefits Application Assistance Program

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Purpose

The purpose of the grievance procedure is to settle any grievance between an RFP respondent and Alliance of Community Assistance Ministries, Inc. (ACAM), as quickly as possible to assure an efficient and fair procurement.

Eligibility

A grievance may be filed by any proposer that claims it has been adversely affected by:

1. The score assigned by the Independent Review Team.
2. Improper application of ACAM business rules, regulations and/or procedures.

Procedure for Filing Respondent Organization Grievances

The following steps must be followed in the order given. Time limits shall begin on the first working day after the applicable occurrence, filing, appeal, response, or recommendation. Working days shall not include weekends or national holidays.

Step 1

To be considered, a grievance must be filed in writing with ACAM within 24 hours preliminary contract award announcement. This written grievance should be sent to Sarah Malcolm, Director of Resiliency Programs at smalcolm@acamweb.org. ACAM has forty-eight (48) hours from receipt of the grievance form to respond to and resolve the grievance.

Step 2

If the respondent organization is not satisfied with the proposed resolution the respondent organization has twenty-four (24) hours to file an appeal with the ACAM Grievance Committee.

The Grievance Committee has forty-eight (48) hours to investigate, talk with the grievant and respond in writing using the official form.

General Provisions

The Grievance Forms provided by ACAM should be used in pursuing a resolution of the grievance.

The respondent organization may represent itself or be represented by a chosen representative when presenting the organization's grievance.

GRIEVANCE FORM FOR ACAM HELPING HANDS BENEFITS APPLICATION
ASSISTANCE PROGRAM RFP RESPONDENTS

Grievance Form

Respondent Organization: _____

Representative: _____ Title: _____

Address: _____ Phone: _____

We have discussed this complaint with Director of Resiliency Programs and received her verbal answer on (date) _____. Because this answer is unacceptable to us, we wish to file a formal complaint.

Nature of grievance. Explain how your organization was unfairly treated including names and dates. (Use additional pages if needed.)

A just and fair solution of our grievance is:

We understand that if we wish to further appeal our complaint, we have twenty-four (24) hours from response to submit a grievance form to the next level of appeal. Grievances not appealed timely are considered settled at the previous level.

Date

Signature

