

**University of Connecticut
Connecticut Cooperative Extension System
Complaint Resolution Procedure
4-H Youth Development Program
(Rev. 11/21/05)**

Purpose: To provide an effective, fair and timely method for resolving complaints from 4-H Youths, Parents/Legal Guardians, 4-H Volunteers, or others which involve Connecticut 4-H Program policies and procedures.

Definitions:

- 1) Complainant – The party making a complaint
- 2) Complaint Resolution Panel – At least two trained 4-H volunteers and at least one 4-H staff member not involved in the complaint. Panel members will have training in conflict resolution techniques.
- 3) Time limits – The days stated below are calendar days.

Informal Level:

- 1) Within 30 days of the problem or incident, the complainant must contact the 4-H staff member responsible for the involved program to discuss the problem and attempt to achieve a mutually agreeable resolution.
- 2) If such efforts are not successful, the complainant may move to the formal Complaint Resolution Level outlined below.

Formal Level (Complaint Resolution Panel):

- 3) Within 45 days of the precipitating incident, the complainant must file the attached “Connecticut 4-H Complaint Form” stating the problem and offering possible solutions. This form must be filed with the Connecticut State 4-H Office Coordinator at the address provided on the form.
- 4) A check or money order for the amount of \$100 must be submitted at the time this completed form is returned. The check should be made payable to the “UConn Foundation – 4-H Centennial Account”. Should the grievance be found in favor of the complainant filing the grievance, the check will be returned. Should the grievance be found not in favor of the complainant, the check will be deposited as written.
- 5) Within 10 days of receiving the “Connecticut 4-H Complaint Form,” the Connecticut State 4-H Office Coordinator will establish the panel and schedule a date to meet, hear, and act upon the complaint. All parties involved will be invited to attend and speak at the hearing of the panel.
- 6) A copy of the written decision of the panel will be sent to all parties involved in the complaint and to the Assistant Director, Connecticut Cooperative Extension System.

State Level Appeal:

- 7) Should either party choose to appeal the Complaint Resolution Panel’s decision, a formal appeal must be submitted to the Assistant Director, Connecticut Cooperative Extension System. The appeal must be filed on the attached “Connecticut 4-H Appeal Form” within 10 days of receiving written notification of the Complaint Resolution Panel’s decision.
- 8) Within 15 days of receiving the State Level Appeal, the Assistant Director will make a decision, which will be final, with no further appeals possible. The decision will be communicated in writing to all parties.

Attachments: Connecticut 4-H Complaint Form, Connecticut 4-H Complaint Appeal Form

UNIVERSITY OF CONNECTICUT
Connecticut Cooperative Extension System

CONNECTICUT 4-H COMPLAINT FORM

To be sent to: Connecticut State 4-H Office Coordinator
UCONN Cooperative Extension System
1376 Storrs Road
Storrs, CT 06269-4134

NOTE: Please type or print, using blue or black ink. Provide accurate, complete information. Every space should have an entry. An incomplete form will be returned.

- 1) Person Filing Complaint: _____
- 2) 4-H Connection: _____ 3) Age (If 4-H Member) _____
- 4) Address: _____
- 5) Phone Day: _____ Evening: _____
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COMPLAINT

- 6) Complaint clearly stated (Provide a summary of facts)

7) Location of incident leading to complaint

8) Date and time of the incident

INFORMAL RESOLUTION

9) Describe attempts to solve problem with those directly involved (Include supporting documents, if applicable). Use additional space, if needed.

10) Possible Solutions to Complaint (use additional space, if needed)

11) Signature of Complainant _____ 12) Date Signed: _____

13) Signature of Person Completing Form (If Different): _____

-----*FOR OFFICE USE ONLY*-----

_____ Date Complaint Form Received in State 4-H Office

_____ Date Complaint Panel Convened

_____ Date Written Decision of Panel was sent

_____ Date \$100 grievance initiation check received

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CONNECTICUT 4-H COMPLAINT APPEAL FORM

To be sent to: Assistant Director, Connecticut Cooperative Extension System
University of Connecticut
1376 Storrs Road
Storrs, CT 06269-4036

NOTE: Please type or print, using blue or black ink. Provide accurate, complete information. Every space should have an entry. An incomplete form will be returned.

- 3) Person Filing Complaint: _____
- 4) 4-H Connection: _____ 3) Age (If 4-H Member) _____
- 4) Address: _____
- 5) Phone Day: _____ Evening: _____
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COMPLAINT

- 6) Date Complaint Resolution Panel's Decision was received _____
- 7) Basis for the Appeal clearly stated (Provide a summary of facts)

8) Location of incident leading to complaint

9) Date and time of the incident

INFORMAL RESOLUTION

10) Describe attempts to solve problem with those directly involved (Include supporting documents, if applicable)

11) List Additional Possible Solutions to Complaint

12) Signature of Complainant _____

13) Date Signed: _____

14) Signature of Person Completing Form (If Different) _____

-----*FOR OFFICE USE ONLY*-----

_____ Date Complaint Form Received by Assistant Director

_____ Date Written Appeal Decision was Sent