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 4-H volunteers and at least one 4-H staff member not involved in the complaint. To ensure that there is no conflict of interest, individuals serving on a panel will have no involvement with the program or persons named in the complaint.
3) Time limits – The days stated below are calendar days.

Informal Level:
1) Within 30 days of the problem or incident, the complainant may 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 at the address provided on the form.
4) 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.
5) A copy of the written decision of the panel will be sent to all parties involved in the complaint and to the Interim Associate Dean for the Connecticut Cooperative Extension System.

State Level Appeal:
6) Should either party choose to appeal the Complaint Resolution Panel’s decision, a formal appeal must be submitted to the Interim Associate Dean for the 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.
7) Within 15 days of receiving the State Level Appeal, the Interim Associate Dean 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
CONNECTICUT 4-H COMPLAINT FORM

To be sent to: Connecticut State 4-H Office
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: ____________________________

______________________________________________________________

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

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CONNECTICUT 4-H COMPLAINT APPEAL FORM

To be sent to: Interim Associate Dean for Extension
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:_____________________________

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
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 Interim Associate Dean for Extension
__________________Date Written Appeal Decision was Sent

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