

GRIEVANCE POLICY AND PROCEDURES

This grievance policy is designed to provide prompt and orderly resolution of complaints or disputes arising in the course of conducting business with, receiving services from, and/or providing services to the Early Learning Coalition of Miami-Dade/Monroe. Any party has the right to present their grievance to the Coalition within 30 days of an occurrence, or within 30 days of a party having reasonable knowledge of said matter.

Grievance(s) must be submitted by in written form (electronic or mail) to the following address:

grievance@elcmdm.org
or
Grievance
Early Learning Coalition of Miami-Dade/Monroe
2555 Ponce de Leon Blvd., Suite 210
Coral Gables, FL 33134

A written acknowledgement of the grievance will be provided within seven (7) business days of receipt.

Complaints and disputes may be resolved during this initial contact and thus would not require further action. A written resolution will be submitted by the Coalition within 30 business days.

In the event the party is not satisfied with the outcome provided by the Coalition, they must identify in writing the specific unresolved issue(s) and the resolution being sought within 30 days of the response and address it to:

Provider Services Committee
Early Learning Coalition of Miami-Dade/Monroe
2555 Ponce de Leon Blvd., Suite 500
Coral Gables, FL 33134

A written acknowledgement of the grievance will be provided within seven (7) business days of receipt. The grievance will then be scheduled for the next Provider Services Committee Meeting.

If the Provider Services Committee is unable to resolve the matter, or a potential resolution requires action by the Board of Directors of the Early Learning Coalition of Miami-Dade/Monroe, the grievance shall be presented for resolution before the full Board by the chairperson of the Provider Services Committee on behalf of all involved parties. The result will be the final outcome on behalf of the Coalition unless otherwise stated by Florida law.

In the event the party is not satisfied with the outcome provided by the Provider Services Committee and/or the Coalition's Board of Directors, they may seek legal remedies as afforded under the laws of the state of Florida.

NOTICE OF GRIEVANCE & REQUEST FOR REVIEW

NAME

BUSINESS NAME

DCF LICENSE NO.

ADDRESS

PHONE

FAX

EMAIL

DATE OF INCIDENT / DISPUTE

CATEGORY OF GRIEVANCE/COMPLAINT/DISPUTE *CHECK ALL THAT APPLY*

- | | |
|--|---|
| <input type="checkbox"/> Licensing Issue | <input type="checkbox"/> Payment Dispute |
| <input type="checkbox"/> Loss of Services | <input type="checkbox"/> Other <i>please explain in the space below</i> |
| <input type="checkbox"/> Parent/Client Dispute | |

Describe in detail the nature of your grievance/complaint/dispute and describe the resolution you are seeking: *Please include supporting documents and an additional statement if necessary*