

GRIEVANCE PROCEDURE

THE RECOVERY RESIDENCE, MISSION IS TO PROVIDE THE COMMUNITY A STABLE, SAFE AND SOBER ENVIRONMENT TO HELP ASSIST AND MAINTAIN SUCCESSFUL RECOVERY FROM MIND ALTERING SUBSTANCES. WE ARE BUILDING A BRIDGE BETWEEN THE CONTINUUM OF CARE GAP OF TREATMENT OR DETOX AND THE INDEPENDENT MAINTENANCE OF YOUR RECOVERY. BY SIGNING OUR DOCUMENTATION, YOU HAVE VOLUNTEERED TO BE A PART OF OUR RECOVERY SUPPORTIVE COMMUNITY, THUS YOU ARE PROVIDED A SUPPORTIVE LEVEL OF CARE UNMATCHED IN OUR AREA. BUT, YOU HOLD RESPONSIBILITY IN THIS ARRANGEMENT AS WELL AND ARE HELD TO A HIGH STANDARD OF BEHAVIOR WHICH IS OUTLINED IN OUR RULES AND REGULATIONS. IF YOU ARE NOT ABLE OR WILLING TO ABIDE BY OUR GUIDELINES FOR A HEALTHY COMMUNITY WE WILL FOLLOW OUR DISCIPLINARY POLICIES UNTIL THE BEHAVIOR IS CORRECTED OR YOU ARE NO LONGER RESIDING WITHIN OUR PROGRAM. BECAUSE WE EXPECT SO MUCH OF YOU, HERE AT THE RECOVERY RESIDENCE WE ALLOW YOU TO HOLD US TO THE SAME DEGREE OF ACCOUNTABILITY. IF YOU DO NOT FEEL WE HAVE ABIDED BY OUR RESPONSIBILITY, OR HAVE NOT LIVED UP TO AN EXPECTATION OF YOURS WE WANT TO HEAR ABOUT IT. YOUR RECOVERY IS OUR PRIMARY CONCERN, AND THIS IS YOUR OPPORTUNITY TO LET US KNOW HOW WE CAN SERVE YOU BETTER. IF YOU DO NOT FEEL COMFORTABLE OR SATISFIED THAT YOUR CONCERN WILL BE OR WAS NOT ADDRESSED THROUGH THIS IN HOUSE GRIEVANCE FORM, WE ENCOURAGE YOU TO VISIT WWW.FARRONLINE.ORG AND FILE A GRIEVANCE WITH OUR ACCREDITING BODY. THE SAFETY AND HEALTH OF THE COMMUNITY YOU CURRENTLY RESIDE WITHIN IS OUR PRIMARY FOCUS, SO THAT EVERY INDIVIDUAL HAS THE OPPORTUNITY TO ACHIEVE LONG TERM RECOVERY.

NOTE: THERE ARE SEVERAL PATHWAYS TO ADDRESSING CONCERNS IN THE RECOVERY RESIDENCE.

1. SEE PROGRAM GUIDELINES CONFLICT RESOLUTION SECTION
2. ADDRESS PEER COMMUNITY AT WEEKLY HOUSE/RESIDENCE MEETING
3. TALK TO RESIDENCE MANAGER
4. TALK TO ADMINISTRATION
5. FILE A WRITTEN GRIEVANCE WITH THE RECOVERY RESIDENCE
6. FILE A WRITTEN GRIEVANCE WITH FARR

THIS IS A SUGGESTED ORDER HOWEVER, YOU HAVE THE RIGHT TO MOVE THROUGHOUT IT AS YOU FEEL NEEDED.

NAME OF RESIDENT:

GRIEVANCE: (PLEASE DESCRIBE CONCERN) (USE EXTRA PAPER IF NEEDED).

STAFF MEMBERS ACKNOWLEDGEMENT OF RECEIVING IT: DATE:

HOW SITUATION WAS RESOLVED:

RETURN ALL GRIEVANCE FORMS TO THE OFFICE LOCATED AT:
1270 ROGERS ST. CLEARWATER FLORIDA 33756.