



Recovery Housing Grievance Form

The Missouri Coalition of Recovery Support Providers expects all those with a complaint or grievance with an accredited recovery house or its staff/volunteers should first attempt to resolve the situation at the local level, per the MCRSP/NARR accreditation required grievance process. MCRSP understands that in some instances this may not be possible. In such cases and where local attempts to resolve the situation have not been successful, a grievance may be submitted to MCRSP by completing and submitting this form.

Date: _____

EMAIL ADDRESS:	
LANDLINE PHONE:	MOBILE PHONE# FOR TEXT OR CALL:
MAILING ADDRESS:	
CITY:	STATE:
ZIP CODE:	
NAME OF MCRSP ACCREDITED RECOVERY HOUSE FOR WHICH GRIEVANCES IS ASSOCIATED:	ADDRESS OF RECOVERY HOME:
CITY, STATE AND ZIP CODE;	
IS THERE A SPECIFIC STAFF OR VOLUNTEER WHO IS THE SUBJECT OF THIS GRIEVANCE?	IF YES, PLEASE PROVIDE THE NAME OF THE INDIVIDUAL:
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide a full description of the event/circumstances: (Attach additional pages if necessary)	
Please provide what you reasonably believe should be done to resolve this situation to your satisfaction:	

Please email the completed form to: andy.thomas@mcrsp.org
 or mail to: MCRSP: Recovery Housing Grievance
 1305 Southwest Boulevard, Suite D
 Jefferson City, MO 65109