



## VISITING CHRISTIAN SCIENCE NURSING SERVICE FOR LOS ANGELES COUNTY, INC.

### Grievance Procedure and Form

It is the policy of Visiting Christian Science Nursing Service for Los Angeles County Inc. to treat all patients and employees fairly and professionally and strive for excellence in providing Christian Science nursing services. Visiting Christian Science Nursing Service policy provides employees, patients and their families or legal representatives with the opportunity to express a problem or grievance related to working conditions, the quality of services, or patient confidentiality.

This grievance procedure is designed to provide a speedy resolution. Visiting Christian Science Nursing Service has a strict policy prohibiting retaliation in any form against anyone who files a grievance.

If you feel you have been treated unfairly or unprofessionally, the following procedure should be used.

- 1) If you have a grievance, the concern can be discussed with the Visiting Christian Science Nurse, Head Christian Service Nurse, or the Administrator at the numbers/email below.
- 2) If a resolution cannot be reached, you should proceed to the next step of this grievance procedure and file a formal grievance. You may also file a grievance without any discussion.
- 3) Grievance forms can be obtained from the Visiting Christian Science Nurse, Head Christian Science Nurse, Administrator, or Visiting Christian Science Nursing Service website:  
<http://csvisitingnurse.org>

See "Grievance Form" on the [Contact Us page](#).

- 4) If the matter is not resolved to your satisfaction, you may choose to discuss your concerns with any member of the Board of Directors.

**VISITING CHRISTIAN SCIENCE NURSING SERVICE  
FOR LOS ANGELES COUNTY**

**GRIEVANCE FORM**

This form is to be completed if you wish to make or file a grievance or complaint. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance.

Date:

Name:

Signature:

Address:

Phone:

**Grievance Statement**

**When did the event or incident happen?**

**Specific date(s)**

**Times (if known)**

**List the name or names of all persons involved in the event or incident**

**State the event or incident that prompted this complaint or grievance (Include all relevant details that will help in following up on this issue)**

**Please submit this form via mail to VCSNS, PO Box 9745, Glendale, CA 91226  
OR email to [csvnsla@gmail.com](mailto:csvnsla@gmail.com)**

PO Box 9745, Glendale, CA 91226 Tel. 818-507-7540  
Email: [csvnsla@gmail.com](mailto:csvnsla@gmail.com) Web: <http://csvisitingnurse.org>