

Complaint Policy

Complaint Policy Statement

The Upper Cumberland Development District is committed to providing quality service to clients/citizens and working in an open and accountable way that builds trust and respect. The agency will take any concerns and complaints seriously and will look into it promptly for resolution as quickly as possible.

The purpose of the policy is intended to ensure that all complaints are handled fairly and consistently. The complaint process aims to provide information that we can use to improve the quality of service and increase customer confidence in our process. Clients/citizens may report concerns to the agency directly or anonymously.

Every attempt will be made to ensure that both the client and UCDD maintains confidentiality. However, the circumstances surrounding the complaint may be such that it will not be possible to maintain confidentiality (with each complaint judged on its own facts). If this should be the case the situation will be explained to the client.

Making a Complaint

Clients/citizens who have a complaint with the services of the agency, policy decisions, or employee actions should bring the complaint to the attention of:

Sherry Thurman
Upper Cumberland Development District
1104 England Drive
Cookeville, TN 38501
Phone: (931) 432-4111 ext. 4113
Email: sthurman@ucdd.org
Website: www.ucdd.org

Registering a Complaint

- Complaints will be recorded on an Intake form.
- Customers/clients will be notified within two business days of the complaint being received.

Providing solutions through regional cooperation.

Investigating the Complaint

- Intake forms will be directed to human resources, the department director and the Executive Director.
- Complaints will be reviewed within five business days of being received.
- Customer/clients will be notified within ten business days of what is being done to resolve the complaint and the expected time frame for resolution.

Resolving the Complaint

- A decision on the complaint will be made within thirty working days of receiving the complaint.
- The Executive Director will conduct a meeting with the complainant to discuss the findings and any action to be taken.

Policy Approval Date: June 16, 2021

Providing solutions through regional cooperation.

Complaint Intake Form

Complainant's Name: _____ Complainant's Phone Number: _____

Complainant's Address: _____

County where incident occurred: _____

Date of Incident: _____ Date Complaint Submitted: _____

Complaint: Check all that apply:

- Services Provided Services Not Provided Other
- Employee Actions Policy Decisions

Who/What is the Subject of Complaint: _____

Complaint Details:

Witness Details:

Name: _____ Phone Number: _____

Address: _____

How would you like this resolved?

Signature

Date

Received By: _____ Date Received: _____
