

**University of Connecticut  
Connecticut Cooperative Extension System  
Complaint Resolution Procedure  
4-H Youth Development Program  
(Rev. 10/26/09)**

**Purpose:** To provide an effective, fair and timely method for resolving complaints from 4-H Youths, Parents/Legal Guardians, 4-H Volunteers, or others which involve Connecticut 4-H Program policies and procedures.

**Definitions:**

- 1) Complainant – The party making a complaint
- 2) Complaint Resolution Panel – At least two 4-H volunteers and at least one 4-H staff member not involved in the complaint. To ensure that there is no conflict of interest, individuals serving on a panel will have no involvement with the program or persons named in the complaint.
- 3) Time limits – The days stated below are calendar days.

**Informal Level:**

- 1) Within 30 days of the problem or incident, the complainant may contact the 4-H staff member responsible for the involved program to discuss the problem and attempt to achieve a mutually agreeable resolution.
- 2) If such efforts are not successful, the complainant may move to the formal Complaint Resolution Level outlined below.

**Formal Level (Complaint Resolution Panel):**

- 3) Within 45 days of the precipitating incident, the complainant must file the attached “Connecticut 4-H Complaint Form” stating the problem and offering possible solutions. This form must be filed with the Connecticut State 4-H Office at the address provided on the form.
- 4) Within 10 days of receiving the “Connecticut 4-H Complaint Form,” the Connecticut State 4-H Office Coordinator will establish the panel and schedule a date to meet, hear, and act upon the complaint. All parties involved will be invited to attend and speak at the hearing of the panel.
- 5) A copy of the written decision of the panel will be sent to all parties involved in the complaint and to the Interim Associate Dean for the Connecticut Cooperative Extension System.

**State Level Appeal:**

- 6) Should either party choose to appeal the Complaint Resolution Panel’s decision, a formal appeal must be submitted to the Interim Associate Dean for the Connecticut Cooperative Extension System. The appeal must be filed on the attached “Connecticut 4-H Appeal Form” within 10 days of receiving written notification of the Complaint Resolution Panel’s decision.
- 7) Within 15 days of receiving the State Level Appeal, the Interim Associate Dean will make a decision, which will be final, with no further appeals possible. The decision will be communicated in writing to all parties.

Attachments: Connecticut 4-H Complaint Form, Connecticut 4-H Complaint Appeal Form

UNIVERSITY OF CONNECTICUT  
Connecticut Cooperative Extension System

**CONNECTICUT 4-H COMPLAINT FORM**

To be sent to: Connecticut State 4-H Office  
UCONN Cooperative Extension System  
1376 Storrs Road  
Storrs, CT 06269-4134

NOTE: Please type or print, using blue or black ink. Provide accurate, complete information. Every space should have an entry. An incomplete form will be returned.

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- 1) Person Filing Complaint: \_\_\_\_\_
  - 2) 4-H Connection: \_\_\_\_\_ 3) Age (If 4-H Member) \_\_\_\_\_
  - 4) Address: \_\_\_\_\_
  - 5) Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_
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COMPLAINT

- 6) Complaint clearly stated (Provide a summary of facts)

- 7) Location of incident leading to complaint

8) Date and time of the incident

INFORMAL RESOLUTION

9) Describe attempts to solve problem with those directly involved (Include supporting documents, if applicable). Use additional space, if needed.

10) Possible Solutions to Complaint (use additional space, if needed)

11) Signature of Complainant \_\_\_\_\_ 12) Date Signed: \_\_\_\_\_

13) Signature of Person Completing Form (If Different): \_\_\_\_\_

-----*FOR OFFICE USE ONLY*-----

\_\_\_\_\_ Date Complaint Form Received in State 4-H Office

\_\_\_\_\_ Date Complaint Panel Convened

\_\_\_\_\_ Date Written Decision of Panel was sent

UNIVERSITY OF CONNECTICUT  
Connecticut Cooperative Extension System

**CONNECTICUT 4-H COMPLAINT APPEAL FORM**

To be sent to: Interim Associate Dean for Extension  
University of Connecticut  
1376 Storrs Road  
Storrs, CT 06269-4036

NOTE: Please type or print, using blue or black ink. Provide accurate, complete information. Every space should have an entry. An incomplete form will be returned.

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- 3) Person Filing Complaint: \_\_\_\_\_
- 4) 4-H Connection: \_\_\_\_\_ 3) Age (If 4-H Member) \_\_\_\_\_
- 4) Address: \_\_\_\_\_
- 5) Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_
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COMPLAINT

- 6) Date Complaint Resolution Panel's Decision was received \_\_\_\_\_
- 7) Basis for the Appeal clearly stated (Provide a summary of facts)

8) Location of incident leading to complaint

9) Date and time of the incident

INFORMAL RESOLUTION

10) Describe attempts to solve problem with those directly involved (Include supporting documents, if applicable)

11) List Additional Possible Solutions to Complaint

12) Signature of Complainant \_\_\_\_\_

13) Date Signed: \_\_\_\_\_

14) Signature of Person Completing Form (If Different) \_\_\_\_\_

-----*FOR OFFICE USE ONLY*-----

\_\_\_\_\_ Date Complaint Form Received by Interim Associate Dean for Extension

\_\_\_\_\_ Date Written Appeal Decision was Sent