



## *Ethics Review and Grievance Process Form*

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Thank you in advance for your participation in this process. In order to best serve all people involved in this grievance process, we ask that you complete the following information as completely as possible. Please send the completed information (this entire document, plus evidentiary information) to:

**AssistU**  
**76 Cranbrook Rd., Suite 192**  
**Cockeysville, MD 21030**  
**Attn: Grievance Committee**

We will confirm receipt and let you know that the process has begun.

### **Section I: Your information:**

(Information with an asterisk is required; we cannot process any grievance if we don't have complete information) Please be sure to print legibly. If we can't understand your writing, we can't consider your grievance.

\*Name:

Company Name:

\*Street Address:

\*City:

\*State:

\*Zip:

\*Country:

\*Day Phone:

\*Evening Phone:

Fax:

\*Email address:



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### **Section II: Information about the VA named in your grievance:**

(Information with an asterisk is required; we cannot process any grievance if we don't have complete information) Please be sure to print legibly.

\*Name:

Company Name:

\*Street Address:

\*City:

\*State:

\*Zip:

\*Country:

\*Day Phone:

\*Evening Phone:

Fax:

\*Email address:

### **Section III: Information about your grievance:**

On separate paper, please type the details of your grievance(s) giving as much detail (e.g., dates you and the VA worked together, the type of work you did together) as you can so that the Review Committee can fully understand the issues you raise. Put forth your grievance in chronological order so that the Review Committee can clearly understand what happened, and when. Be sure to name the point(s) of the AssistU Standards Of Excellence, Ethics, and Practices Pledge upon which your grievance is based; your grievance has to specifically address and be based upon one of these points. Specifically, name the number(s) of the Standard(s) you believe the VA to have violated and how the Standard(s) was(were) violated.

Please send along any evidentiary information (e.g., written agreements or contracts, notes taken during phone calls, copies of email messages, work product, invoices.) that would substantiate your grievance. Without evidentiary information there's nothing concrete for us to review, and the grievance won't be considered.

Please be sure to sign and date this form before you mail it. We cannot proceed without it.

Lastly, be sure to keep copies of everything you send us. We cannot return anything to you.



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### **Section IV: Authorization to begin the grievance process and investigate:**

This grievance will be investigated if it meets the requirements listed in the AssistU Ethics Review and Grievance Process Overview. A copy of everything you send will be sent to the Virtual Assistant named in the grievance; the process will not be done anonymously. The Virtual Assistant will have ten business days to reply to the grievance and offer his or her own evidentiary information. The Review Committee will look at all information presented, ask either or both parties for clarification, if needed, and will render a decision about the matter. The Review Committee's decision is final. You and the Virtual Assistant will be made aware of that decision. If disciplinary action against the VA is taken, it will be done internally. You will not be apprised of the specific action taken.

In order for us to begin, please complete the following:

I \_\_\_\_\_ confirm that the information I have included herein is true and correct to the best of my knowledge, and that I have first-hand information and knowledge of the grievance I've made. I authorize AssistU to investigate my grievance, and to share the information I've included with the Virtual Assistant named in this grievance. I understand that the committee may deem my grievance inappropriate for this type of review, and will notify me if that's the case. Further, I understand and accept that 1) this is not an anonymous process, 2) the Virtual Assistant will know that I filed the grievance, 3) this grievance process is strictly to discover whether the VA named herein has violated the AssistU Standards Of Excellence, Ethics, and Practices Pledge, 4) this process is in no way meant to be construed as a mediation process, 5) AssistU, the committee, and individual committee members cannot guarantee any particular outcome and are held harmless with regard to any outcome, and 6) the decision of the Review Committee is final, 7) AssistU will confirm receipt of my grievance information, and 8) I will be advised of the outcome of the process once completed.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please return this completed document and all evidentiary information via mail to:

**AssistU**  
**76 Cranbrook Rd., Suite 192**  
**Cockeysville, MD 21030**  
**Attn: Grievance Committee**

**Have questions? 866-829-6757 x 86, or email [EthicsReview@AssistU.com](mailto:EthicsReview@AssistU.com)**