



## PROBLEM SOLVING

My Name \_\_\_\_\_

Date \_\_\_\_\_

### STEP 1

Answer all the questions that fit your situation. You may want to get someone to help you with the writing if that's easier.

1. Who is involved in the problem you're having? (name any adults or kids involved)
  
2. Describe your problem in one or two sentences.
  
3. Give details about the problem or examples.
  
4. What could you do differently? (No blame-shifting – look at the issue through 100% responsibility)
  
5. What solution would you like to see?



Now, take this page and talk to the person (people) you named in # 1. See if you can work out a solution. If you can't, go to page 2 for what to do next.

## STEP 2

If you've tried for **two weeks** to find a solution and the problem still exists, it's time to seek outside help. Now you should call in another person who can sit down with you and those you are having the problem with to help solve the problem.

Who could you call on? Here are some suggestions...

- Your Foster Parent
- Crossroads Support Worker
- Your Caseworker (Social Worker)



Now you have a team working on solving your problem. Once a solution is decided on, it will be written down and everyone will get a copy.

Everyone will do their best to put into place the solutions that were decided on. Everyone has to try very hard and discuss any problems that come up as they work on making changes.

## STEP 3

If the problem still hasn't been worked out in **another two weeks**, then we'll call in people who CAN help make a decision to solve the problem. People that might come to such a meeting could be

- Your Foster Parent
- Crossroads Support Worker
- Your Caseworker
- Crossroads Supervisor / Manager
- Aboriginal Resource Person or Worker
- Child & Youth Advocate
- Natural Advocate (this could be a teacher, an adult friend, aunt or uncle)
- Other people with special skills at problem solving (we'll help you find the right person)



## STEP 4

A final decision is made and everyone is told about it. It is written down and you get a copy within one week.



## GRIEVANCE SUMMARY

**A.** (To be completed by Griever)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Division: \_\_\_\_\_

Details of Grievance:

Corrective Action Requested:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B.** (To be completed by Mediator)

Date of Grievance Meeting: \_\_\_\_\_

Mediator: \_\_\_\_\_ Position: \_\_\_\_\_

Present at Grievance Meeting:

Decision Made (include specific details, timelines, responsibilities, etc.)

Signatures: Griever: \_\_\_\_\_ Date: \_\_\_\_\_

Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Manager/Director: \_\_\_\_\_ Date: \_\_\_\_\_

FORM TRACK: Griever → Supervisor → Mediator → Meeting → File

Copies → Persons involved

→ Crossroads Log Book