

Sample

GRIEVANCE POLICY & CONSENT FOR SERVICES

These procedures were developed to provide guidelines for the systematic receipt, documentation, evaluation, resolution and response to client or provider grievances.

I. Definition

A grievance is defined by the Contra Costa HIV/AIDS Program as:

Client complaint or expression of dissatisfaction regarding service delivery, or any expression of dissatisfaction by the service provider.

II. Procedures

- a. Client or service provider expresses dissatisfaction verbally or in writing.
b. Program staff member will attempt to resolve situation with the client or service provider.
c. If this is not possible, then the Program staff who receives complaint shall notify the Quality Assurance Coordinator who will document the complaint in the Grievance Log. The Grievance Log shall include the following information.

- Client ID# (not name)
Nature of complaint
Identification of those involved
Date complaint received and by whom
Summary of follow-up activities
Date grievance referred to QA Committee, if necessary
Date of resolution

- d. The Quality Assurance Coordinator will be responsible for collecting relevant information about the grievance, for taking action to resolve the grievance and for documenting all progress.
e. The Quality Assurance Coordinator will attempt to resolve the complaint between the parties involved. If no satisfaction results, and disenrollment or termination of a contract might be appropriate, the Quality Assurance coordinator will present the situation to the Quality Assurance Committee for a decision.
f. Thirty days after expressing grievance, clients or service providers will receive in writing all grievance facts and decisions.
g. All information, including Grievance Log, will be sent to appropriate contract monitors thirty days after the end of the month.
h. This procedure will be provided to each client and attached to all contracts.

If this procedure is not clear, or you have any questions, please call Agency Director at (XXX)XXX-XXXX.

I have read the Grievance Policy and consent to Case Management Services from the Program.

Client Signature

Date

Case Manager's Signature