Client Grievance Policy and Procedures

It is the policy of Family Education and Support Services that all programs and services will be provided to all individuals who are eligible without discrimination on the basis of HIV infection, race, creed, color, age, sex, gender, sexual orientation, religion, ancestry, national origin, physical or mental handicap (including substance abuse), immigrant status, political affiliation or belief.

As a recipient of services you have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery as a result of filing a grievance. All grievances will be addressed in a confidential manner.

If you have a grievance or recommendation, you should first discuss it with the staff member, case manager, parent educator, home visitor, program manager or person you are working with. If this is not successful or if you feel this is not an option, you should proceed with the following steps:

1. A written statement should be prepared (including the date and time of the grievance). You may ask for assistance from any staff. Use the Grievance Reporting form on the back side of this form.

2. Submit the grievance to the Executive Director within 10 working days. An appointment will be scheduled for you to meet with the Executive Director who will listen to the information about the incident and will mediate the grievance with the staff involved. If the grievance is with the Executive Director mail the form to the office in a sealed envelope to: Attn: Executive Board of Directors: P.O. Box 14907 Tumwater, WA 98511.

3. If a resolution has not occurred within 10 working days, or your grievance is with the Executive Director, then your grievance will be forwarded to the Executive Board. Upon receiving a complaint, the Board shall determine if an attempt for resolution has been made at the agency level. If this had not been done, referred to the Board of Directors. The Board at that time will either address the issue or discuss the need to bring in a third party.

4. The Board shall keep records of grievances it receives, the type of grievances and the resolution status of the grievance. It shall also assure the availability of these records for review by interested individuals or organizations.

5. The Board shall annually summarize its records to include the number of grievances received, types of grievances, and the resolution status.
Client Grievance Form

Please complete all sections that apply to your complaint and return to the Executive Director of Family Education and Support Services.

1. I requested the following help:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. I was told that the staff at Family Education and Support Services could not provide me the help that I requested. (Indicate the date or approximate date when you were told.) I disagree with that decision for the following reasons:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. I am unhappy with the services that I am now receiving, or received, because:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name: ________________________________________________________________
Address: ______________________________________________________________
Telephone: ______________________________________________________________
Signature: ______________________________________________________________
Date: _______________________________________________________________

Attach additional explanation if necessary.
Client's Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to service in a humane setting which is the least restrictive feasibly as defined in the treatment plan.
3. The right to be informed of one’s current services, and of the alternatives.
4. The right to consent to or refuse any service and any expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
5. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code.
6. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
7. The right to receive and explanation of the reasons for denial of services.
8. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
9. The right to know the cost of services.
10. The right to be fully informed of all rights.
11. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
12. The right to file a grievance.
13. The right to have oral and written instructions for filing a grievance.

I have read and understand my rights to file a grievance and the process in doing so. I have received a copy of Client Grievance Policy and Procedures.

Signature                                      Date

Printed Name

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