



Grievance Policy (Complaint Form)

Every client has the right to register formal complaints regarding Help Me Help You's (HMHY) Programs and will not be denied services based upon such complaints. This Grievance Policy must be presented to the client during the initial intake interview.

The standardized grievance procedure is intended to address issues specific to HMHY Programs. HMHY does not address complaints lodged by one client in reference to another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

The client must also be informed that accompaniment by an advocate (e.g., co-worker, friend, family member, etc.) at each step of the grievance process is permissible and that the complaint may be withdrawn by the client at any time.

Grievance Procedure

This standardized grievance procedure is intended to address only issues specific to HMHY Programs and Services.

Each HMHY site has an Area Director or Program Manager who will be the client's liaison to assist with complaints or grievances. The Liaison will work with the client to ensure that each step of this procedure is completed and documented appropriately. The Liaison is responsible for the routing of the complaint to each successive level of review.

Step 1

The client requests to file a grievance that specifically relates to the HMHY Program or Service provided at the Site where the grievance is filed.

Immediately upon expression of a concern or complaint, the client will be directed to the program's liaison to obtain the Concern Form. The liaison is responsible to explain each step of the grievance procedure to the client and to assist in the proper completion of the form. This form is deliberately formatted and worded to limit the length of the complaint and to compel the client to succinctly describe the issue of concern. It is imperative that the description be clear and manageable. Attachments are not acceptable. The completed form must be returned to the liaison by the client within 30 days of the incident. **Go to Step 2.**

Step 2

The liaison directs the Concern Form to the case manager.

The liaison will review the form for completeness and timeliness within 3 business days of receipt from the client. Late or incomplete forms will not be accepted. Complete and timely forms will be forwarded to the client's identified case manager within **three working days** of receipt of the form from the client. The liaison and the case manager will review the Concern Form together and will attempt to call or meet with the client to resolve the matter. This meeting must be scheduled within **five working days** of receipt of the form from the liaison.

In speaking with the client, the liaison and case manager should make all reasonable efforts to resolve the concern to the client's satisfaction. The liaison should immediately prepare the documentation following the meeting.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart. **Stop.**

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If the client is dissatisfied with the outcome of the meeting, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form to the Senior Director within **two working days** of the meeting with the case manager. **Go to Step 3.**

Step 3

The liaison directs the Concern Form to the designated Senior Director.

The designated Senior Director will review the Concern Form and attempt to speak with the client by phone or face to face to resolve the matter. This meeting must be scheduled within **ten working days** of receipt of the form from the liaison. It is strongly recommended that the Senior Director also include a representative from the case management staff.

In speaking with the client, the Senior Director should refrain from making an immediate decision but should gather as much pertinent information from the client as possible. The liaison will witness the contact with the client and will immediately prepare the documentation following the call or meeting.

The Senior Director is allowed up to **five working days** from the date of the meeting to consider the matter, at which time a decision must be provided to the liaison in writing. The liaison will notify the client in person of the decision within **five working days**.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart. **Stop.**

If the client is dissatisfied with the outcome of the meeting with the Senior Director, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form to the contact person with the grant funding source of the program the client is enrolled in, or wishes to be enrolled in, within **two working days** of the liaison's notice to the client of the Senior Director's decision. *If the program the client is enrolled in, or wishes to be enrolled in, has no grant funding and is solely supported by donations, the Senior Director decision is final.* **Go to Step 4.**

Step 4

The liaison directs the Concern Form to the designated Grant Funder contact person.

Upon receipt of the Concern Form, designated contact will review all submitted materials regarding the matter. If necessary, the designated contact will attempt to contact the client by telephone to further discuss the circumstances of the complaint. The case manager, the case management supervisor, and Senior Director may be consulted for clarification of particular issues. Other parties may also be consulted. The designated contact is allowed up to **fifteen working days** to consider the matter, at which time a written decision must be provided to the client and the agency's liaison. The decision will be accompanied by the Concern Form for final signature by the client and for filing.

The decision of the designated contact in step 4 is final. For purposes of program continuity and efficiency, the program may not process the same complaint by the same client more than one time. The liaison is to place the completed Concern Form (signed by the client) in the client's confidential chart. Additional documents collected by the program during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop. End of process.**

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CLIENT CONCERN FORM

This form is to be used by Help Me Help You (HMHY) clients to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality. Once completed, return this form to the program's designated grievance liaison.

Please complete the following information:

Your Name _____	Today's Date _____
Your Case Manager _____	Date of Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name _____
*Your signature here provides consent for release of information regarding this grievance to
 (_____) and other appropriate parties.*



THIS PAGE – OFFICE USE ONLY	Designated liaison for this grievance _____	
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Step 2	Date this form provided to case manager _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____		Date _____
Dissatisfied client signature _____		Date _____

Step 3	Date this form provided to Senior Director _____	Date of meeting with client _____
	Date of Senior Director decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____		Date _____
Dissatisfied client signature _____		Date _____

Step 4	Date this form provided to designated grantor contact _____	Date of meeting _____
	Date of decision to liaison _____	_____
Result	Description of proposed resolution _____	
Program has received this decision <input type="checkbox"/> Client has received this decision <input type="checkbox"/>		
Liaison signature _____		Date _____
Liaison signature _____		Date _____