



## **Grievance Policy (Complaint Form)**

### **PURPOSE:**

To assure those clients experiencing problems may seek resolution in an equitable, non-punitive manner and with no adverse repercussions to the client. Every client has the right to register formal complaints regarding Help Me Help You's (HMHY) service and/or programs.

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.

### **POLICY:**

1. Clients shall have the opportunity to express themselves regarding problems they are having with services or our programs without being subject to any adverse action.
2. The grievance process shall not interfere in any way with the client's status in the program, or with other aspects of the program.
3. Client's grievances must be transmitted without alteration, interference or delay to the party responsible for receiving and investigating it.

### **PROCEDURE:**

1. The Client shall initiate the grievance in writing to the appropriate supervisor via the Client Grievance Form. (See attached)
2. The supervisor shall contact the client within seventy-two (72) hours of receipt of the grievance, and shall review all aspects of the problem(s) outlined by the client.
3. If the appropriate supervisor is unable to resolve the grievance to the client's satisfaction, the client may appeal that decision to the Program Director. If the supervisor was the Program Director, then the grievance is to be sent to the HR Director or the CEO.



4. The agency shall issue a final agency decision on the merits on any portion of a grievance within 90 days of the initial filing of the grievance. The agency shall inform the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

5. Clients may be disciplined for filing a grievance in bad faith.

Please mail Client Grievance form to:

**Help Me Help You  
PO Box 32861  
Long Beach, CA 90832  
Attention: Director**





<b>THIS PAGE – OFFICE USE ONLY</b>	Designated liaison for this grievance _____	
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<b>Step 2</b>	Date this form provided to case manager _____ Date of discussion with client _____
<b>Result</b>	Description of proposed resolution _____
<b>Client is satisfied with resolution</b> <input type="checkbox"/> <span style="margin-left: 150px;"><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></span>	
Satisfied client signature _____	Date _____
Dissatisfied client signature _____	Date _____

<b>Step 3</b>	Date this form provided to Senior Director _____ Date of meeting with client _____
	Date of Senior Director decision to liaison _____ Date of meeting with client _____
<b>Result</b>	Description of proposed resolution _____
<b>Client is satisfied with resolution</b> <input type="checkbox"/> <span style="margin-left: 150px;"><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></span>	
Satisfied client signature _____	Date _____
Dissatisfied client signature _____	Date _____

<b>Step 4</b>	Date this form provided to designated grantor contact _____ Date of meeting _____
	Date of decision to liaison _____
<b>Result</b>	Description of proposed resolution _____
<b>Program has received this decision</b> <input type="checkbox"/> <span style="margin-left: 150px;"><b>Client has received this decision</b> <input type="checkbox"/></span>	
Liaison signature _____	Date _____
Liaison signature _____	Date _____