

<b>DEPARTMENT:</b> All Departments	<b>POLICY DESCRIPTION:</b> Grievance
<b>PAGE:</b> 1 of 1	<b>REPLACES POLICY EFFECTIVE DATE:</b> November 24, 2015
<b>EFFECTIVE DATE:</b> February 26, 2019	<b>REFERENCE NUMBER:</b> NA
<b>APPROVED BY:</b> Board of Directors	
<b>SIGANTURE:</b> <i>Signature and date on file</i> <b>DATE:</b>	

**PURPOSE:**

The objective of this policy is provide a procedure to facilitate fair and timely investigation and resolution of a grievance, which may arise with agency policy, service delivery, personnel and/or volunteer(s) when mutual agreement from both parties has not been achieved through routine intervention by staff and their supervisors.

**POLICY:**

This policy and procedure is accompanied by a grievance form. When client grievances are made known, staff whose service delivery are the subject of those grievances are to attempt prompt communication with the client to resolve the grievance in a manner that is both collaborative and compliant with all governing policies, rules and regulations of program operations. If unresolved grievances persist, the client should be contacted by the Quality Assurance Administrator, for additional investigation and attempts at reaching a mutually beneficial and compliant resolution. In the case where these attempts at reconciliation do not resolve the grievances, the client may file a written grievance.

**PROCEDURE:**

1. A copy of this policy is to be posted publicly.
2. A copy of this policy grievance is to be included in the Patient/Client Program Services Handbook and clients are to sign that they are in receipt of the handbook upon intake. During subsequent eligibility updates, clients will be reminded of the grievance policy and where to locate grievance forms. Staff may distribute grievance forms to individual clients as requested.
3. Grievances on the form must be written or typed, signed and dated. Additional pages may be attached to the grievance form but all other fields must be completed. Signature on the grievance form by the client indicates consent that they give permission for DAP to discuss this grievance with all parties necessary, including the complainant, as well as review any agency records, in order to find final resolution. DAP will provide assistance to clients with visual or other impairments in completing the form as requested.
4. The completed form should be placed in a sealed envelope addressed to the Office of the Quality Assurance Administrator and mailed or left with Reception in the front lobby. Address: 1695 N. Sunrise Way Palm Springs CA 92262 Telephone number: 760 323 2118.
5. Appropriate personnel will be designated to investigate the grievance. A response in writing will be mailed to the client via certified mail within 30 days of the date of receipt.
6. DAP will maintain a grievance log, documenting all incoming grievances and their resolution.
7. DAP may inform the client that if he/she is not willing to pursue a complaint in writing or substantiate any information or provide necessary details for DAP to perform a proper investigation, DAP may decide to close investigation of the client's complaint.