

Patient/Client Grievance Form**Department: Compliance**

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 Patient/Client grievances are made known, staff whose service delivery are the subject of those grievances are to attempt prompt communication with the Patient/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 Patient/Client should be contacted by the Compliance Officer, 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 Patient/Client may file a written grievance.

Procedure:

A copy of this policy is to be posted publicly.

1. A copy of this policy grievance is to be included in the Patient/Client Program Services Handbook and Patient/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 must distribute grievance forms to individual Patient/Clients as requested.**
2. 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 Patient/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 Patient/Client with visual or other impairments in completing the form as requested.
3. The completed form should be placed in a sealed envelope addressed to the Office of the Compliance Officer and mailed or left with Reception in the front lobby. Address: 1695 N. Sunrise Way, Palm Springs, CA 92262 Telephone number: Phone: 760-323-2118.
4. Appropriate personnel will be designated to investigate the grievance. A response in writing will be mailed to the Patient/Client via certified mail within 30 days of the date of receipt.
5. DAP will maintain a grievance log, documenting all incoming grievances and their resolution.
6. DAP may inform the Patient/Client that if they are 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 Patient/Client's complaint.



GRIEVANCE FORM

We apologize if your experience did not meet expectations. Our intention is to do everything we can to assist individuals in finding a pathway to care and services. It is important to us that we learn more about your experience. Grievances must be in writing or typed, signed and dated. The completed form should be placed in a sealed envelope addressed to the Compliance Officer. We will respond to your grievance in writing through certified mail. You may also receive a phone call to discuss your grievance further.

Date of Grievance: _____ Patient/Client Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: (Day): _____ (Evening): _____

Please identify all parties involved:

Please state the nature of your grievance (If applicable attach additional sheets):

By signing below, the person filing this written grievance consents that he/she gives permission to Desert AIDS Project to discuss this grievance with all parties necessary, including the complainant, as well as review any agency records, in order to find final resolution:

Patient/Client signature: _____ Date: _____

The Inland Empire HIV Planning Council (IEHPC) has a comprehensive grievance process which can be used by consumers of Ryan White HIV/AIDS Program Part A and MAI-funded services. IEHPC grievance forms are available in the Desert AIDS Project lobby. *Effective 10/20/2015*
