

Adult & Child Center
Administrative and Clinical Services Policy & Procedure Manual

Procedure Title: Client Grievances and Complaints
Procedure Number: 5.03.01
Related Policy Title: Client Rights
Related Policy Number: 5.03.00
Date Approved: 2/18/97
Last Revised: 3/2/00, 10/10/02, 9/30/03, 3/15/06, 4/1/09, 4/18/12

Statement of Purpose:

The purpose of establishing a grievance and complaint process for clients is to insure that clients and their families have an uncomplicated way of letting Center staff know of their concerns regarding their treatment, privacy, or any other related issues with respect to Center operations.

Procedure

1. Any client, or family member, who wishes to express a grievance or complaint, may do so with any Center staff person. He/she will be encouraged to fill out a "Client Grievance/Complaint" form and leave it with a receptionist. Alternatively, the client or family member may express a grievance or complaint with the Center's Director of Quality Improvement/Corporate Compliance Officer (CCO) or the Executive Director by calling either one directly.
2. If a grievance or complaint is expressed verbally (either by telephone or in person), the staff member receiving such a complaint will fill out a "Client Grievance/Complaint" form and sign it.
3. Notices will be prominently displayed in the waiting areas of all facilities in which clients are seen that explain how a grievance or complaint may be made. Those notices will include the name and phone number of the Director of Quality Improvement/CCO. Similar information is included in the Center's "Client Rights and Responsibilities handout which is given to all Center clients at the time of admission. In addition, "Grievance/Complaints" forms will be available in all waiting areas so that clients and their families may easily obtain them.
4. Completed "Grievance/Complaints" forms, whether completed by a staff person or the client, will be forwarded to the Center's Director of Quality Improvement for consideration and follow up. All forms will be retained by the Director of Quality Improvement for a period of six (6) years.
5. Each grievance or complaint in which a resolution is requested will be investigated. A written or verbal response will be given to each complainant within ten business days of the complaint being filed. Based on the nature of the complaint, the Director

of Quality Improvement/CCO may assign the complaint to an appropriate staff member or he/she may investigate the matter personally.

6. The Center staff person assigned to respond to a complaint will keep notes regarding the result of his/her investigation, any contacts with the client and any letters or phone calls made as a response to the complaint. These will be forwarded to the Director of Quality Improvement following resolution and/or final response to the complaint.
7. In the event that a client is still unsatisfied following an attempt to resolve his/her complaint, he or she should be notified of the option of contacting the Executive Director and/or filing a complaint through the Division of Mental Health and Addictions' consumer hotline. Clients may also express complaints to The Joint Commission (TJC). Information on these processes can also be found in every consumer waiting area.
8. The Center's Director of Quality Improvement/CCO will aggregate data from client complaints and will present such aggregated data to the Risk Management Committee and the Executive Leadership Committee to identify trends in complaints which may indicate opportunities for improvement.

**Adult & Child Center, Inc.
Client Grievance/Complaint**

Name: _____ Date: _____

Please use the space below to express your grievance or complaint and what resolution you are seeking. Someone will contact you for further information. If you prefer discussing your concern in person or over the telephone, please contact Adult & Child's Director of Quality Improvement at (317) 882-5122, extension 1285. Please return this form to the receptionist after you have filled it out.

Thank you for taking the time to help us improve our services.

FOR OFFICE USE ONLY	
Complaint Taken By: _____	(check one) _____ Phone _____ In Person
Complaint Form Completed by (check one) _____ Client _____ Staff	
Date Received: _____	
Please forward to the Director of Quality Improvement.	

Revised 3/15/06