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| **Grievance and Complaint** | | **Policy #:** | **TBD** |
| **Effective Date:** | 7-1-2019 | **Approved By:** |  |
| **Review Date(s):** |  | | |

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**Policy**

The Coalition implements policies that will ensure staff, subcontractors, and participants have ability to file grievance complaint and have a process towards resolution.

**Purpose**

The purpose of the Grievance and Complaint Policy is to ensure communication from Coalition level, to subcontract(s), and participant(s), and provide a space in which to register a complaint with regard to service, and or treatment of individual or staff member.

**Procedure**

Describes the steps and processes that the Coalition will take to ensure staff, and subcontractors are ensuring the participants of program, and or staff have the ability and knowledge to register a formal complaint, and the steps toward resolution that the Coalition will take. Subcontractors will adhere to Coalition policy, and advise the Coalition of any complaint or grievance with program staff.

For the purpose of this Policy and Procedure:

Compliant: an expression of dissatisfaction by a client, including dissatisfaction with the administration or provision of services, which relates to the quality of care provided.

Grievance: a written complaint submitted by or on behalf of a client regarding the availability, the delivery, or quality of services.

Complaint(s):

1. Registering a Complaint: When a client expresses a dissatisfaction that requires follow-up, the person receiving the complaint will document the details on the Healthy Start Services Complaint Summary Sheet (attached). Complaint can be with regard to staff conduct, policy or procedure issue, medical concern, and or any issue that the individual identifies as being handled in a manner other than what would be considered positive.

a. Staff member will provided the complaint form to individual to have them complete the information. If the complaint is with the staff member that they are working directly with than the direct supervisor will be responsible to reach out to obtain the information regarding the complaint, without staff member present.

b. Completed forms will be directed to Supervisor to begin to investigate the complaint.

c. If complaint is with subcontractor of Healthy Start Coalition, subcontractor will advise the Coalition of the complaint and allow Coalition Executive Director or other identified staff person to aid in the investigative process. Coalition can choose to review the final results, and or be an active participant in the subcontractor investigative process.

2. Investigation of Complaint: The Supervisor and or Director, if supervisor is the identified person with which the complaint exists, will begin to investigate as to the situation.

a. Investigation will include interview with the individual that the complaint originated, the staff member with which the complaint is made against, and any witnesses.

b. Investigation has 10 business days to be conducted, if the investigation goes longer, this information is to be conveyed to those parties involved.

c. Documentation of contacts to be kept by the Supervisor or Director to show attempts to contact the individual who raised the complaint, the staff member the complaint is with, and any witnesses.

d. Result of investigation is shared and Supervisor or Director advises as to any additional action that will be taken to resolve the nature of the complaint.

e. During any part of the investigative process, individual raising complaint can request Department of Health, Agency for Health Care Network, and Healthy Start MomCare Network to be included in the process. These agencies can decline to participate and await the result of the investigation for review.

3. Resolution: If the identified resolution by the Supevisor or Director is not satisfactory to the individual that lodged the complaint, and or the staff member that the complaint is made against. Individual(s) involved in the complaint process may request that the result of the investigation be referred up to the Executive Director, or the Board Chair if the Executive Director had part in investigation.

a. Executive Director or the Board Chair will determine if additional investigation needs to occur.

b. Will conduct any additional investigation, interviews felt necessary

c. May include Governance Committee or Chair if deemed appropriate.

d. Results of additional inquiry/investigation will be shared with all involved within 10 business days of receipt. If additional time is needed, notification will be communicated with all parties involved.

4. If individual that has raised complaint is not satisfied with the recommendation from Executive Director, or Board Chair. Complaint can be sent on to Department of Health, Agency for Health Care Administration, and Healthy Start MomCare Network for final resolution.

Grievance(s):

1. Registering a Grievance: a written complaint submitted by or on behalf of a client regarding the availability, the delivery, or quality of services.

a. Staff member will provided the grievance form to individual to have them complete the information. If the grievance is with the staff member, or program that they are working directly with than the direct supervisor or the Coalition will be responsible to reach out to obtain the information regarding the complaint, without staff member/program present.

b. Completed forms will be directed to Supervisor to begin to investigate the complaint.

c. If grievance is with subcontractor of Healthy Start Coalition, subcontractor will advise the Coalition of the complaint and allow Coalition Executive Director or other identified staff person to aid in the investigative process. Coalition can choose to review the final results, and or be an active participant in the subcontractor investigative process.

2. Investigation of Grievance:

a. Upon receipt of grievance, grievance form will be time/date stamped upon receipt.

b. Within the first working day the grievance will be provided to recipients direct supervisor and forward to Coalition Executive Director.

c. Direct Supervisor and Coalition Executive Director will review the Grievance Summary sheet within the same business day.

d. Direct Supervisor and Coalition Executive Director will determine next best step, and who takes the lead on review and investigation of the grievance.

1) if this is programmatic grievance. Executive Director will take the lead

3. Resolution: If the identified grievance is completed within 30 days of receipt of grievance.

4. Individual that originated grievance, has the right to have the grievance findings reviewed by the Department of Health, Agency for Health Care Administration, and the Healthy Start MomCare Network.

a. Notification of this review will be made by the individual within 10 business days of the shared findings to the Executive Director. This notification is date and time stamped.

b. Executive Director will forward to Department of Health, Agency for Health Care Administration, and the Healthy Start MomCare Network within one business day of receipt.

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| HEALTHY START SERVICES COMPLAINT SUMMARY SHEET | | | | | | | |
| Date Received: | |  | Received by: | | |  | |
| Name of Complainant: | |  | | | | | |
| Address: | |  | | | | | |
| Phone number: | |  | | | | | |
| Type of Complaint: | | Operational: \_\_\_\_\_\_ Medical: \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name of Person Involved | |  | Phone Number | | |  | |
| Summary of Complaint: (include witness(es) if applicable) | | | | | | | |
|  | | | | | | | |
| Referred to: |  | | | Date: | | |  |
| Assigned to: |  | | | Date: | | |  |
| Investigation and Findings: | | | | | | | |
|  | | | | | | | |
| Action Taken: | | | | | | | |
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| Reviewed by: |  | | | | Date: | |  |
| Signature: |  | | | | Title: | |  |
| Date Sent to Coalition: |  | | | | | | |

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| HEALTHY START SERVICES GRIEVANCE SUMMARY SHEET | | | | | | | | |
| Date Received: | |  | Received by: | | |  | | |
| Name of Grievant: | |  | | | | | | |
| Address: | |  | | | | | | |
| Phone number: | |  | | | | | | |
| Type of Grievance: | | Operational: \_\_\_\_\_\_ Medical: \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Name of Person Involved | |  | Phone Number | | |  | | |
| Summary of Grievance: (include witness(es) if applicable) | | | | | | | | |
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| Supervisor Notified: |  | | | Date: |  | | Time: |  |
| Supervisor Review: |  | | | Date: |  | | Time: |  |
| Coalition Review: |  | | | Date: |  | | Time: |  |
| Investigation and Findings: | | | | | | | | |
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| Actions Taken: | | | | | | | | |
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| Date Grievant Notified: | | | | | | | | |
| Date Grievant Requested next level Review: | | | | | | | | |