

1.2 CLIENT COMPLAINT/GRIEVANCE PROCESS

Clients, participants and their families (clients) who have any complaint or grievance concerning abuse, neglect, and exploitation, violations of client rights, treatment standards, denial or suspension of service and delay of service without notice of a waiting list of any program of the Center shall make their complaint or grievance known to that Program's Coordinator or any staff member. If the complaint or grievance involves the Program Coordinator, clients should make their complaint or grievance known to the Executive Director. The complaint procedure shall be posted prominently at the Center, given to each client at intake in the Client Handbook and given to all staff and program volunteers.

- A complaint shall first be discussed with the specific staff member(s) involved. If the grievant and staff member cannot resolve the grievance, or if the client is not comfortable working with that staff member, then the client shall bring the complaint to the Program Coordinator. The order of complaint and appeal is as follows: staff member, Program Coordinator, Executive Director, Board of Directors, funding source. If the complaint is against someone in that chain of appeal, the client may skip that step.
- For clients who want to make a written complaint, the staff member receiving the request shall give them a copy of these procedures and §1.2.4 Formal Written Complaint Form to complete. The Center will respond to any written grievance or complaint within twenty-four (24) hours of receipt of the complaint (seventy-two (72) hours on weekends). The Center shall notify the grievant that grievance procedures exist and shall make them accessible. Clients shall be notified that verbal complaints must be put into writing to be formally investigated.
- The Center shall evaluate the grievance thoroughly and objectively, obtaining additional information as needed.
- All procedures regarding the complaint and grievance resolution shall remain confidential unless the client voluntarily signs a release of information or unless some other recognized exception to confidentiality pertains.
- All written complaints shall be resolved within seven (7) calendar days of the time the complaint is registered, to the best ability of the Center.

At that time, the grievant shall receive written notice of the findings and recommendations regarding the specific complaint in question and disclosure of the reasons for that decision.

- All proceedings during resolution of the grievance shall be documented, and such documentation will be available to the client and all other parties in the complaint as requested without charge and within the bounds of appropriate confidentiality protections. A grievance is considered resolved when both parties agree to a solution or when the grieving party declines to move the complaint to a higher level.

The grievant may be represented by counsel or advocate during any hearing. The Center will provide an interpreter for any grievance hearing, if necessary. The grievant may cross-examine witnesses testifying during the hearing and examine any documentary evidence, if they so choose.

Center staff and the Board of Directors' address is as follows: Board President, the Center, 401 Branard, 2nd Floor, Houston, TX 77006 713.529.0037

- Grievants receiving services paid under an external funding source may present a complaint or grievance directly to the funding source. These sources are listed below:

Anti-Violence Program: Sexual Assault Prevention & Crisis Services: Office of the Attorney General, Crime Victim's Services, P. O. Box 12548 MC 011-1, Austin, TX 78711 Attn: Grants 1.800.983.9933; or Hate Crimes: Office of the Governor, Criminal Justice Division, P. O. Box 12428, Austin, TX 78711, Attn: Grants 512.463.1927; Non-Residential Shelter Services: Health and Human Services Commission – Family Violence Program, 909 W. 45th St. MC 2010, Austin, TX 78751, 512.206.5570; U.S. Department of Housing and Urban Development, 801 Cherry Street, 28th Floor, Fort Worth, TX 76102-6803, 817.978.5624; Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

Chemical Dependency Treatment & HEI Case Management Programs: Texas Department of State Health Services – Substance Abuse Services, P. O. Box 12668, Austin, TX 78711-2668 Attention: Investigation Division 1.866.378.8440; Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

HIV/AIDS Counseling & Case Management Programs: The Resource Group, 500 Lovett, Suite 100, Houston, TX 77006 713.526.1016; Harris County Public Health & Environmental Services, HIV Services, 2223 West Loop South, # 417, Houston, TX 77027 713.439.6090; Houston Housing and Community Development, 601 Sawyer Street, Houston, TX 77007 713-868-8300; Texas Department of State Health Services, HIV/STD Services, c/o 1100 W. 49th Street, Austin, TX 78756 512.490.2520; Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

HIV Prevention & Testing: Houston Department of Health & Human Services, HIV/STD Bureau, 8000 N. Stadium Drive, Houston, TX 77030 832.393.4755; Substance Abuse & mental Health Services Administration 1 Choke Cherry Road Rockville, MD 20857 1.877.SAMHSA.7; Texas Department of State Health Services, HIV/STD Services, c/o 1100 W. 49th Street, Austin, TX 78756 512.490.2520.

LIFE Counseling Program: United Way of the Texas Gulf Coast, P. O. Box 3247, Houston, TX 77253-3247, Attention: Fund Distribution 713.685.2300; Area Agency on Aging, HDHHS, 8000 N. Stadium Drive, Houston, TX 77054 713.794.9001; Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

- At the grievant's request, the Center will provide pens, paper, envelopes and postage for filing complaints or grievances. At the client's request, the Center will allow access to a telephone in order to call the funding source to file a complaint or grievance. A grievant may request assistance with writing a complaint if they are unable to read or write.
- Grievants may present a complaint or grievance directly to the licensing board under which the Therapist or the facility is licensed. The address of the appropriate licensing board is posted on the bulletin board.

- Upon request of the grievant, the Center will arrange for an impartial referee to render a written decision. Such referees could include an agency such as the Dispute Resolution Center or another service provider in the area designated by the grievant and agreed upon by the Center.
- All employees are prohibited from discouraging, intimidating, harassing or seeking retribution against grievants who seek to exercise their rights or file a complaint. The Center does not in any way restrict, discourage or interfere with grievant communication with an attorney or with a funding source for purposes of filing a complaint.

This complaint procedure is accessible for client use about the Center services and about contracted services.

The complaint procedure shall be reviewed on an annual basis by the Executive Director of the Center, and shall be documented in writing.

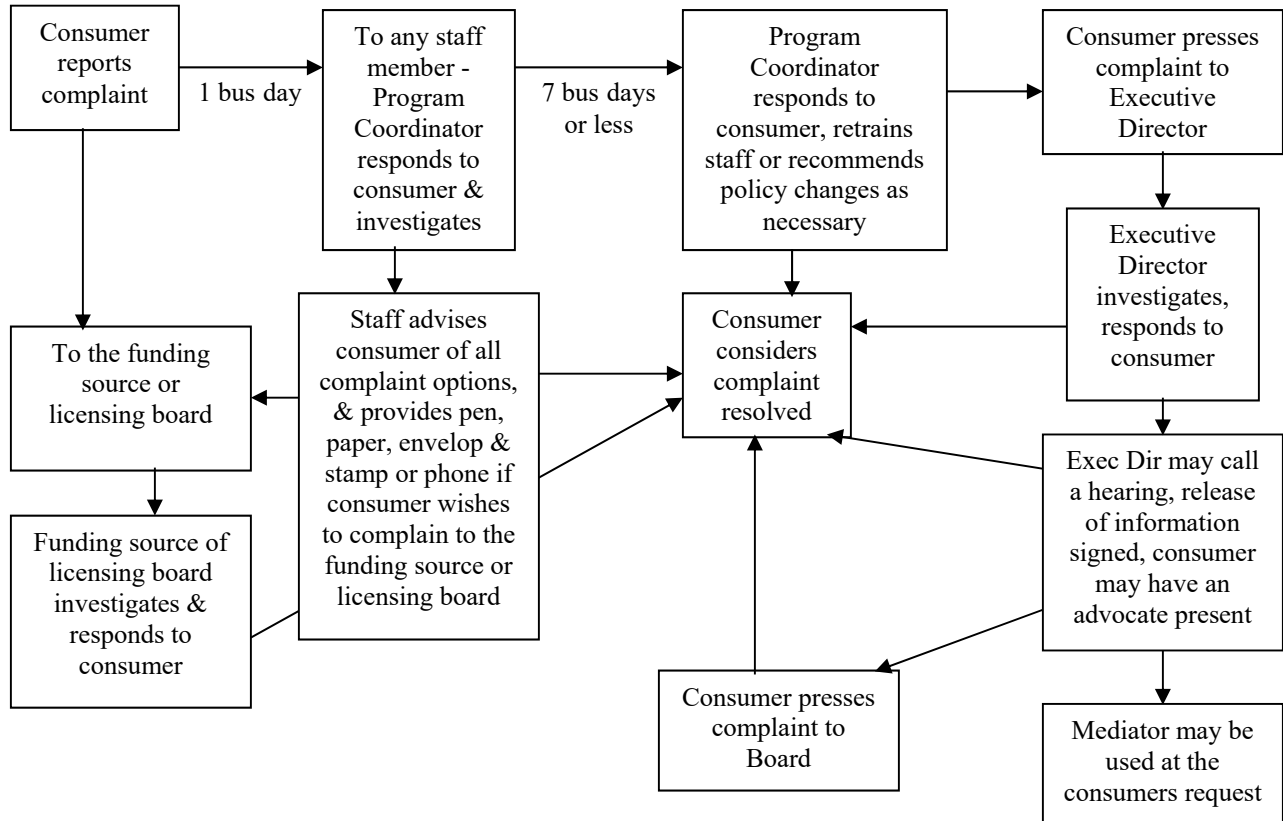
The Center shall document in writing all complaints and the results of any investigations. This documentation shall be stored in the Executive Director's office. All complaints shall be evaluated thoroughly and objectively. Additional information shall be obtained as needed. The documentation of any complaint shall be maintained at the Center for inspection by the funding sources, licensing and accreditation entities.

All employees shall be prohibited from discouraging, intimidating, harassing or seeking retribution against clients who seek to exercise their rights or file a complaint. The Center shall not in any way restrict, discourage or interfere with client communication with an attorney or with the funding source for the purposes of filing a complaint.

The Center shall be responsible for providing an interpreter for the client during any grievance hearing.

Complaints about an employee or department received by an employee in another department shall be forwarded to the Program Coordinator of the program in question for investigation and resolution. The recipient of the complaint shall request the name, phone number and any substance of the complaint to forward to the Program Coordinator.

To visually represent all of the consumer options in this process, we have constructed a flow chart:



1.2.1 PROCEDIMIENTO DE QUEJA DEL CLIENTE

Los clientes, participantes y familias que tienen una queja o agravio relacionado a pero no limitado a abuso, negligencia, y explotación, la violación de los derechos del cliente, las normas del tratamiento, el rechazo o la suspensión de servicio y el atraso en recibir servicios sin notificación de una lista de espera de cualquier programa del Center deben informarlo(s) al coordinador/a del programa o a cualquier miembro del personal. Si la queja o agravio es relacionado con un/a coordinador/a de programa, el cliente debe reportar su queja o agravio al director/a ejecutivo/a. El procedimiento de quejas está fijado prominentemente dentro del edificio, y una copia es entregado a cada cliente durante la cita inicial, al personal y a los voluntarios del the Center.

- Una queja debe ser discutida primeramente con el miembro del personal relacionado a la queja. Si el cliente y dicho miembro no logran resolver el agravio, o si el cliente no se siente confortable discutiendo la queja con dicho miembro, entonces el cliente debe presentar su queja al coordinador/a del programa. La queja y apelación deben tomar el siguiente orden de escala: miembro del personal, coordinador/a del programa, director/a ejecutivo/a, junta de directores, fuente subsidiaria. Si la queja es en contra de alguien en dicha cadena, el cliente puede saltar a la próxima posición.
- Cuando un cliente quiera someter una queja en escrito, el empleado que recibe dicha solicitud deberá darle una copia de las instrucciones del procedimiento y solicitar que llene el formulario Queja Formal en Escrito # 1.2.4. Center responderá a cualquier agravio o queja dentro de las 24 horas de recibirla (72 horas en los fines de semana). Center notificará al cliente de que existe el proceso de agravio y se lo hará accesible al cliente.
- Durante las primeras 24 horas de admisión los clientes tienen el derecho a recibir una copia del procedimiento de quejas.
- Todo procedimiento relacionado con la resolución de la queja y el agravio será confidencial a no ser que el cliente voluntariamente firme un permiso a revelar la información.
- Toda queja del cliente será resuelta dentro de un período de 7 días desde el momento en que dicha queja sea registrada, con la mayor habilidad posible del the Center.

En dicho período, el cliente recibirá en escrito información relacionada a la queja sobre el resultado, las recomendaciones y razones por la decisión obtenida.

- Durante el período de resolución todo procedimiento será documentado y por petición dicha documentación estará a la disposición del cliente y toda otra persona relacionada con la queja sin cobro alguno y dentro de los límites de protección de confidencialidad apropiada. Un agravio es considerado resuelto cuando los dos partidos llegan a una solución o cuando el partido agraviado decide no proceder con la queja a un mayor nivel.

El cliente agredido podrá ser representado por un concilio o por un abogado durante cualquier audición. Center proveerá un intérprete, si es necesario. El cliente podrá interrogar a testigos durante la audición y examinar cualquier documento de evidencia, si así lo desea.

La dirección de correo de la junta directiva es: Board President, the Montrose Center, 401 Branard, 2nd Floor, Houston, TX 77006 713.529.0037

- Los clientes pueden presentar una queja o agravio directamente a las fuentes subsidiarias mencionadas a continuación:

El Programa en Contra de la Violencia: Servicios para la Prevención del Asalto Sexual y la Crisis: Oficina del Procurador General, Servicios para las Víctimas del Crimen, P. O. Box 12548 MC 011-1, Austin, TX 78711 Attn: Grants 1-800-983-9933; o Hate Crimes: Oficina del Gobernador, División de la Justicia Criminal, P. O. Box 12428, Austin, TX 78711, Attn: Grants (512) 463-1927; Non-Residential Shelter Services: Comisión de Servicios de Salud y Humanitarios-Programa en contra de la Violencia Familiar, 909 W. 45th St. MC 2010, Austin, TX 78751, 512.206.5570; Departamento para el Desarrollo de la Vivienda y la Región Urbana de EEUU, 801 Cherry Street, 28th Floor, Fort Worth, TX 76102-6803, 817.978.5624; JCAHO, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

El Programa de Dependencia Química y el Programa de Administración de Casos de HEI: Servicios para la Salud del Departamento del Estado - Servicios sobre el Abuso de las Drogas, P. O. Box 12668, Austin, TX 78711-2668, Attention: Grants Management 1.866.378.8440; Houston Area Community Services, 3730 Kirby, Suite 820, Houston, TX 77098, 713.526.0556; JCAHO, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

El Programa del VIH/SIDA y Ryan White o al Programa de Administración de Casos de Necesidades Especiales: El Grupo de Recursos, 500 Lovett # 100, Houston, TX 77006 (713) 526-1016; Houston/Harris County Concilio de Planificación Ryan White, Harris County Health Department, 2223 W. Loop S., # 417, Houston, TX 77027 (713) 439-6090; or Servicios para la Salud del Departamento del Estado - VIH/ETS, c/o 1100 W. 49th Street, Austin, TX 78756 512/490-2520 o 713/767-3000; JCAHO, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

El Programa LIFE: United Way de la Costa del Golfo de Texas, P. O. Box 3247, Houston, TX 77253-3247, Attention: Fund Distribution (713) 685-2300; Area Agency on Aging, HDHHS, 8000 N. Stadium Drive, Houston, TX 77054 713.794.9001; JCAHO, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

- A petición del cliente, the Center proveerá plumas, papeles, sobres y estampillas para registrar quejas o agravios. A petición del cliente, the Center proveerá el uso del teléfono con el propósito de llamar a la(s) fuente(s) subsidiaria(s) para registrar una queja o agravio. El cliente podrá solicitar asistencia en la escritura de la queja, si no sabe leer o escribir.
- Los clientes pueden presentar una queja o agravio directamente a la mesa directiva donde el terapeuta obtuvo su licencia. La dirección de correo de la mesa directiva apropiada está fijada en la pizarra donde se colocan los anuncios.
- A petición del cliente, the Center obtendrá un árbitro imparcial que produzca una decisión por escrito. Dicho árbitro puede ser una agencia de resolución de disputa (así como Dispute Resolution Center) u otro servicio en el área designado por el cliente y en acuerdo con the Center.
- Todo personal está prohibido a desalentar, intimidar, molestar o buscar retribución en contra de clientes quienes buscan ejercer sus derechos o registrar una denuncia. Center no restringe,

desalienta o interfiere en la comunicación entre el cliente y el abogado o la fuente subsidiaria cuando se intenta registrar una queja.

El procedimiento de queja es revisado anualmente por el/la director/a ejecutivo/a del Center, y existe documentación escrita de dicha revisión.

Center documenta en escrito toda queja y el resultado de cualquier investigación. Las quejas serán evaluadas detalladamente y objetivamente. Si es necesario, mayor información será obtenida. La documentación de cualquier queja se mantiene en el edificio para la inspección de las fuentes subsidiarias. Todo personal está prohibido de desalentar, intimidar, molestar o buscar retribución en contra de clientes quienes buscan ejercer sus derechos o registrar una denuncia. Center no restringe, desalienta o interfiere la comunicación entre cliente y abogado o fuente subsidiaria que intenta registrar una denuncia o queja. Center sera responsable de proveer un interprete en cualquier audiencia de querella.

1.2.4 FORMAL WRITTEN COMPLAINT FORM

Please print. ONLY ORIGINAL SIGNED COPIES WILL BE ACCEPTED.

Name of person filing complaint: _____

Address: _____

Phone #s

Home: ____ / ____ - ____ Office: ____ / ____ - ____ Cell: ____ / ____ - ____

Do you need special accommodations from the Center to communicate with you about this complaint? (Check all that apply)

Braille Large Print TDD Sign Language Interpreter

Foreign Language Interpreter: Language _____

Other: _____

Are you being represented by an advocate? Yes No

If yes, please list name and contact information: _____

List persons you have already talked with to resolve this complaint, and their response to your concerns:

In a few words, please describe who or what your complaint is about

In detail, describe the problem and please include facts specific to each alleged violation. Use additional sheets if needed. Please number specific areas of concern. Please include dates when available.

Description cont.

Please propose a resolution of the problem to the extent known and available to you: (You may include copies of any records or other information that support your complaint.)

Unsigned complaints cannot be accepted.

I have received a copy of and understand the complaint/grievance process. I certify that the above information I have provided is true and correct. I give the Center staff permission to discuss this complaint and any circumstances surrounding the complaint with the advocate I have designated above.

Signature (Required)

____/____/____
Date (Required)

Type of complaint:

abuse, neglect, and exploitation by the Center staff or volunteers

violations of client rights; type _____

violations of treatment standards, type _____

denial or suspension of service

delay of service without notice of a waiting list

other: _____