


Catholic Charities Disabilities Services
Agency Standard and Procedure

Standard Category	Administration
Standard Title	Filing and Reviewing of Complaints and Grievances
Regulations	
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Approved by: Aaron Howland, Executive Director	

Definition: A grievance or complaint is defined as: 1) dissatisfaction with decisions made regarding services received; 2) and/or the services received; 3) and/or the staff who provided the services. In this standard, "grievance" and "complaint" are synonymous.

Standard: Catholic Charities Disabilities Services (CCDS) believes in the rights of individuals served to participate actively in their own plans of care, including the right to question how the care is being provided. It is the goal of CCDS to treat all individuals served with fairness and professionalism and to strive for excellence in providing services to individuals. To that end, all individuals served and/or their identified advocates have the right to file a complaint.

Procedure:

Notification of Complaint Process

1. All individuals served will be informed of the CCDS complaint process. At the initial service planning meeting, the individual served and the individual's Identified advocate will be informed

Standard: Filing and Reviewing Grievances 2019.01.08 draft

of their right to make a complaint, the process by which to do so, and the way in which CCDS will respond to the complaint.

2. The individual served, identified advocate and staff member will sign and date an acknowledgement form which will be maintained in the individual's case file and a copy will be given to the individual and advocate.
3. On an annual basis, the individual served and identified advocate will be reminded of both the existence of the complaint procedure and the process for filing a complaint.

General Considerations:

4. All individuals served and identified advocates have the right to file a complaint or grievance without interference or fear of retaliation.
5. All complaints filed by individuals served and identified advocates will be reviewed by the agency and a determination reached.
6. All individuals served and identified advocates will be provided the means to file complaints.
7. All individuals served and identified advocates have the right to a review that does not involve the person about whom the complaint is being made.
8. At every step the complainant may be accompanied and/or represented by an individual of his or her choice.
9. All individuals served and identified advocates have the right to timely notification of the resolution and to receive an explanation of any further appeal, rights or recourse.
10. All individuals served and identified advocates have the right to initiate a complaint with any of the agencies that license, fund, or oversee the agency's programs including OPWDD, DOH, the Justice Center, and MHLS, as well as Catholic Charities of the Diocese of Albany.
11. If a complaint involves allegations of criminal behavior, the complainant will be encouraged and helped as necessary to contact law enforcement. CCDS will contact law enforcement as required by law and regulation.

Informal Process:

12. Complaints may be received by any staff member either verbally or in writing. The staff member has the responsibility of forwarding the complaint to the appropriate supervisor, manager or director, typically the immediate supervisor of the staff involved.

13. At the time a complaint occurs, the appropriate program supervisor, manager, or director will discuss the issue with the complainant in an attempt to reach a resolution.
14. If a resolution is reached, the program supervisor/manager or administrator will send an email and/or S-com to the Director of Quality Assurance and the Program Director of the staff who negotiated the resolution.
15. The Director of QA will then contact the complainant to ensure that resolution was reached.
16. The informal process should be completed within 7 calendar days of the initiation of the complaint.

Formal Process:

17. If it is determined that the issue is not immediately resolvable and the complainant wishes to pursue the complaint further, the staff member will assist the complainant to make his or her complaint to the appropriate Program Director. If the circumstances warrant, the Program Director can decide to refer the issue to the Director of QA for review.
18. At the initiation of the formal procedure, the Program Director or Director of QA will reduce the complaint to writing and summarize all of the actions that have taken place, and then have this document reviewed by the complainant to ensure that there is no misunderstanding going forward.
19. The Program Director or Director of QA will conduct interviews with the involved parties and propose a resolution.
20. At the conclusion of the formal process, the complainant will be informed in writing of both the proposed resolution and any right of appeal.
21. The Director of QA will contact the complainant to ensure that the proposed resolution is understood and whether or not the complainant is satisfied with the proposed resolution or wishes to appeal.
22. The formal process should be completed within 14 calendar days from when the Program Director or Director of QA received the request to conduct a formal process.

Appeal

23. If the complainant is unsatisfied with the result of the formal process, he or she may appeal to the Executive Director.
24. The Executive Director will review all material from the formal process and will issue a finding.
25. The appeal process should be completed within 7 calendar days of receipt of the request for appeal.

Review

26. Results of all informal complaints, formal complaints, and appeal processes will be forwarded to Quality Assurance. A report of complaint/grievance activities will be issued on a quarterly basis for review by the Executive Director, IRC, HRC, and the Board Quality Assurance Committees.