



COA Policy and Procedure Development Tools	
Policy/Procedure Name	Grievances - v1.0
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Grievance Procedures:

How does the organization define a complaint or grievance? Is a distinction made between informal and formal complaints/grievances? Is a distinction made between verbal and written complaints/grievances? [Note: COA defines a complaint as, “An expression of verbal or written dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences. For employees or volunteers, dissatisfaction can include personnel matters such as supervision, evaluations, promotions or demotions, the work environment, and overall treatment. The term is synonymously used with GRIEVANCE.”]

For example:

A complaint is any significant concern expressed to any teacher or aide concerning the care, education or treatment of any child receiving services at the child care center.

OR:

A grievance is a written report submitted to a shift supervisor. [The organization] encourages open and honest discussion between service recipients and staff and expects that most concerns can be addressed satisfactorily through such discussions. Verbal reports of concern are not considered grievances. When verbal reports and discussions do not lead to resolution of concerns, service recipients are encouraged to file written reports. These reports are considered grievances.

OR:

As a youth in foster care, you may file a complaint if you believe that your rights have been violated or you have a serious concern about the services you are receiving. We have given you a Teens’ Rights statement. Please read it carefully. You may file a complaint if you think one of these rights has been violated. It is our job to protect your rights, and we take that job very seriously.

There is difference between “complaining” and “filing a complaint.” We believe that it is a task of adolescence to complain. For example, some kids have complained about the 10:00 PM curfew on weeknights, that the allowance is too small, and that they are required to make their beds in the morning. These are things about which kids complain, but not ones about which kids file complaints. If you are not sure of the difference, please ask your case manager to explain.

The Council on Accreditation has developed a series of Policy and Procedure Development Tools to provide technical assistance to organizations seeking accreditation and reaccreditation. These tools are intended to assist organizations in identifying issues and concerns to explore during the process of developing their policies and procedures. These technical assistance tools are not a substitute for reading and understanding the COA Standards. The questions and examples provided herein are intended to serve as foundations for further development. Variables such as the laws and regulations applicable to the organization, the organization’s size, and the population(s) served will influence the extent to which individual questions and examples are appropriate for a specific organization.



- **Who may use the organization’s complaint or grievance procedure? Are there any restrictions concerning who may use the complaint or grievance procedure?** [Note: CR 3 specifies that an organization have a formal mechanism for grievances from “applicants, clients, and other stakeholders.” COA defines a stakeholder as, “Any person, group, or organization that has a vested interest in the services provided by the organization. Examples: clients, consumers, personnel, funding organizations, referral organizations, vendors, and governmental bodies.” In addition, HR 4.05 addresses grievance procedures for personnel.]
- **Are there parameters for complaint/grievance subjects? Do applicable statutes, regulations, or contracts specify the rights of persons to file complaints/grievances? Are there any distinctions by service population or program?**

For example:

As specified in [the organization]’s contract with the Department of Mental Health, an applicant denied acceptance to the program has a right to file a complaint if the denial has been based upon admission criteria. However, there is no right to complain if denial has occurred because the program has reached capacity.

- **Does the organization have a single set of procedures for all complainants to follow? Are there different procedures for personnel and service recipients/other stakeholders? Are there any differences between programs?**
- **How are stakeholders informed of complaint/grievance procedures?**
- **What steps should a complainant take to initiate the grievance process?**

For example:

A service recipient, family member or other stakeholder filing a complaint on behalf of a service recipient shall use the grievance form provided in the admission packet. (Forms are also available upon request at the front desk.) All information must be provided and the form must be signed and dated. A grievance form may be submitted to any staff person.

OR:

An employee may initiate a grievance by submitting his/her concern in writing to his/her immediate supervisor. If the grievance is about the immediate supervisor, the employee may submit the grievance to the Program Manager.

- **How does the organization respond to a complaint/grievance? Who is responsible for responding?**

For example:



- 1) *Whenever any staff person receives a written complaint, he/she shall immediately inform the Director of Quality Improvement, who shall log the complaint in the tracking system.*
- 2) *The Director of QI shall determine how the complaint shall be handled and whether an internal investigation is warranted. If an internal investigation is required, the Director of QI shall assign responsibility.*

- **Within what timeframe must the organization respond? How is the response provided to the complainant?**

For example:

Within five days of receipt of a grievance, the Clinical Director shall contact the complainant by phone to discuss the concerns.

OR:

Each complaint shall be investigated thoroughly within 15 calendar days. The complainant shall receive a written response within 5 days after completion of the investigation.

- **What is the next step if the complainant is not satisfied with the outcome? How is the complainant informed of the right to appeal a decision?**
- **What is the process for reviewing decisions? How does the organization ensure that complaints/grievances are reviewed objectively by someone other than the subject of the complaint? Who makes the final determination?**
- **How are complaints/grievances documented and tracked?** [Note: RPM 2.02 requires quarterly review of grievances related to certain health, safety and client rights concerns.]
- **What information concerning complaints is maintained in client/personnel records?**