

Grievance / Complaint Notice

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date received: _____

If you, as an individual receiving service, or a member of your family, have a complaint of any kind regarding the services you receive here, please read the following action you may take. Grievances/complaints can be expressed without retribution.

1. You may approach any staff member to discuss a grievance. The staff member you approach will take immediate steps to try and resolve the problem. If it is not possible to resolve your grievance immediately, then a more formal (written) process is available.
2. You have received a Complaint Form, along with this notice at intake. If you cannot find it, you may ask any receptionist or any staff member for a Complaint Form.
3. Complete the Complaint Form, describing in detail your complaint. Include specific information such as dates, locations, any staff member(s) involved, etc. Give the completed form to any staff member who will give it to the County Administrator/Supervisor or A&D Clinical Coordinator (a staff member whose job is to help individuals receiving services get what they need). The County Administrator/Supervisor or A&D Clinical Coordinator will work with you to try and resolve your complaint within five (5) working days of receipt of your complaint.
4. If you are not satisfied with the resolution, the County Administrator/Supervisor or A&D Clinical Coordinator will meet with you and any staff member(s) involved developing a proposed solution, which will be presented to the Executive Director, who will make a decision and respond to you regarding the solution within five (5) working days.
5. If you are unsatisfied with the Executive Director's decision, you are entitled to a hearing before the Region VII Mental Health/Mental Retardation Commission. You must request this hearing in writing to the Executive Director. A review panel will be established, and you may choose one other person to attend the hearing with you and act on your behalf or represent you at the hearing. The Executive Director will notify you in writing of the date and time of the review hearing which will be within ten {10} days of your written request. After review, the panel will notify you of its decision in writing within five (5) days after the review hearing. Actions and recommendations by the Commission will be final.

*If you are not satisfied with the local grievance/complaint procedures,
or if you think you have been mistreated because you filed a complaint,
you should report this to the Department of Mental Health (DMH) toll-free Helpline at 1-877-210-8513.
The DMH Certified Provider will comply with timelines issued by DMH Office of Consumer Support
in resolving grievances filed with DMH.*

Complaint Form

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date: _____

Program Location: _____

Please describe below in detail the nature of your complaint, listing specific dates, any staff member(s) who were involved, etc. *You may use additional forms, if necessary.*

Signature of Individual Receiving Services

Parent/Guardian

For Program Use Only

This complaint has been resolved and I agree to close the complaint. I understand that I can call the Department of Mental Health Helpline toll-free at 1-877-210-8513 before, during, or after I use this complaint process and that I can report any retribution or unjust consequences as a result of my filing a complaint or calling the Helpline.

Signature of Individual Receiving Services

Parent/Guardian

Grievance/Complaint Notice

This form should be given to the individual or their guardian at intake. Forms should also be available in each waiting room/front desk. This form is to be used by individuals receiving services and/or parent(s)/legal representative(s) to make a complaint.