

# FAMILY CENTERED SERVICES OF ALASKA

## Client Grievance Notification

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**Client Name**

**Valid From:**

**Valid Through:**

### **PURPOSE:**

The purpose of this policy is to establish a procedure by which the complaints of FCSA clients and families may be expressed and resolved.

A formal complaint is defined as a written statement detailing a concern or something that you are unhappy or dissatisfied about regarding your services and/or treatment at FCSA.

### **RESPONSIBILITY:**

It will be the responsibility of FCSA staff to ensure proper implementation of this policy and procedure regarding client grievances.

If for any reason the client has difficulty documenting a complaint in written form, the Coordinator or Case Manager will be responsible for reasonably accommodating the client. If needed, the next supervisory level will assist the client.

Clients or their legal guardian may designate a representative (advocate) to assist them.

### **PROCEDURE:**

All clients/client's families will be given a copy of this policy upon admission into services.

#### ROUTING OF A CLIENT'S COMPLAINTS:

1. Written complaints go to the assigned Coordinator or Case Manager. The Coordinator or Case Manager will respond to the client in writing within two working days. (If not resolved, go to step 2)
2. Client provides written appeal to the Program Director. The Program Director will review the clients and Coordinator/Case Manager's documentation, interviews both persons and then provides the client and Coordinator/Case Manager with their conclusion in writing within three working days. (If not resolved, go to step three)
3. Client provides written appeal to the FCSA Executive Director. Procedure is the same as step two.
4. In the event that the grievance is specifically against the Coordinator or Case Manager, the grievance will be forwarded directly to the Program Director.
5. In the event that the grievance is specifically against the Program Director, the grievance will be forwarded directly to the FCSA Executive Director.

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The client will be given a written response at each step of the grievance.

All client complaints and corresponding documentation will be placed in the client's file.

The decision of the FCSA Executive Director will be final.

This is an internal agency procedure. The public has a right to contact the Division of Behavioral Health Office at anytime to express concerns about FCSA at this address and phone number: Division of Behavioral Health Office, 751 Old Richardson Hwy, Suite 123 Fairbanks, Alaska 99701 907-451-5045

Grievances unresolved to the consumers satisfaction within 30 days shall be reported to the DBH Regional Specialist pursuant to AS 47.30.660(b)(12)

I have read and understand the above.