



Grievance Procedure

Policy: It is the policy of Partnership Development Group, Inc. that any client may file a written or voice-recorded grievance at any time. The clinician may attempt to resolve the grievance in writing within two (2) working days. If the resolution is not acceptable, the client may appeal to the Vice President. The Vice President or his/her designee will attempt to resolve the grievance in writing within two (2) working days. If the Vice President's resolution is not acceptable, the Advisory Committee and/or the Grievance Committee will review the grievance, and a written response will be presented to the client within thirty (30) days. At that time, if the client is not satisfied with the results, the client may file an appeal within ten (10) days. A panel hearing of the Advisory Committee may be called to hear the appeal, and a verdict will be rendered within thirty (30) days.

The action of submitting a grievance will not in any way result in retaliation against the client or create any barriers to receiving services.

If the client feels that his/her rights have been violated, the client is free to contact the appropriate authorities at any time. This includes, but is not limited to: the Core Service Agency; Behavioral Health Administration; Value Options; the Maryland Disability Law Center, etc. The client may also contact any of these external agencies for support, guidance, and/or advocacy throughout the grievance procedure.

Procedure:

1. The client shall report concern(s) to staff and attempt to resolve the complaint with parties involved, if practical.
2. If the complaint is unresolved, the client will complete the attached grievance form (or have a staff person assist in completing the form, or voice record the grievance using the same format as the attached form).
3. Submit the grievance form to the Supervisor/Team Leader for his/her area.
4. The Supervisor/Team Leader will respond to the grievance in writing within two (2) working days.
5. If the resolution is unacceptable, the client may appeal the grievance in writing or via voice recording to the Vice President or his/her designee within ten (10) days.
6. The Vice President will respond to the appeal in writing within two (2) working days.
7. If the resolution remains unacceptable, the client may appeal the grievance in writing or via voice recording to the Advisory Board.
8. The appeal must be submitted to the Advisory Board or the Board appointed Grievance Committee. They will respond to the appeal in writing within thirty (30) days.
9. If the resolution is still unacceptable, the client may appeal again in writing or via voice recording within ten (10) days. The Advisory Board will convene a second panel of the Board-Appointed Grievance Committee.
10. The second panel will respond to the appeal in writing within thirty (30) days. At that time the matter will be closed.

Partnership Development Group, Inc. Client Grievance Form

To the Client:

Before filing this grievance, we encourage you to report your concerns to the PDG, Inc. staff and attempt to rectify your complaint at the regional level. If you wish to put your grievance in writing, please use this form. The Vice President or his/her designee will review your written grievance. You will then be notified, in writing what action, if any, will be taken within two (2) working days of your grievance being filed. At that time, you will have ten (10) days to file an appeal if you are not satisfied with the decision rendered. A panel hearing of the Advisory Board may be called to hear appealed grievances, in which cases; verdicts will be rendered within thirty (30) days.

Submitting this grievance will in no way result in retaliation against you, or create any barriers to receiving services.

If you feel that your civil rights have been violated, you are free to contact the appropriate authorities at any time. This includes, but is not limited to: the Core Service Agency; Behavioral Health Administration; Value Options; the Maryland Disability Law Center, etc. These external agencies may also be contacted to request assistance, support, and/or advocacy throughout the grievance procedure.

Date grievance was submitted: _____

Date of incident that prompted the grievance: _____

Grievance: Please explain the incident in your own words. If you are unable to write, an advocate can be appointed to assist you:

Action Taken By: _____

The decision is _____ / is not _____ acceptable.

Grievant Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____