

**POLICIES AND PROCEDURES  
MANUAL**

**EFFECTIVE DATE:** October 1, 2003

**REVISION DATE:** January 1, 2015

**POLICY NUMBER:** IL7.7

**POLICY TITLE:** GRIEVANCE PROCEDURE POLICY

**APPLICABILITY:** This policy applies to all persons of Azure, LLC housing facilities.

**DEFINITION:** To provide a mechanism by which Azure, LLC persons, or people on their behalf, can express complaints, resolve disputes, or bring attention to incidents, conditions, practices and/or policies of Azure, LLC that may violate a person's rights.

**RESPONSIBILITY:** Grievances from people are to be given to the Program Director and investigated by the Clinical Director/CEO. The direct care staff is responsible for explaining the Grievance Procedure Policy and Client Rights Policy to each person within five (5) days after admission. This information shall be repeated and reinforced for all people.

**PROCEDURES:** Azure, LLC persons may use the grievance procedure protocol and filing a copy of the complaint report form (See Exhibit 3) as a formal means to voice complaints, resolve disputes concerning staff actions or housing facility procedures, or bring attention to possible violations of person's rights.

The Grievance Procedure is a means for inquiring into the issue raised by the person, looking at the issue from the person's perspective as well as that of staff members, and identifying whether any action can be taken to resolve identified problems or prevent recurrence.

People are encouraged, but are not required, to voice complaints and resolve disputes through routine and informal interactions with staff.

Anyone may submit a grievance on behalf of a person concerning a complaint regarding a person's care at any Azure, LLC property.

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**A person filing a grievance may receive assistance from any other person or organization at any stage of the grievance process.**

**No person shall be punished or retaliated against for using the people grievance procedure. People should be encouraged to use the grievance procedures as a formal and appropriate way to express their concerns or complaints to staff and resolve disputes, instead of relying on inappropriate, acting out behaviors.**

**Use of the person Grievance Procedure does not limit the right of a person to seek remedy for a complaint in the legal system.**

**The Program Director and Clinical Director/CEO reserve the right to limit the number of grievances from any one person in process at any given time. For example if a person submits ten (10) grievances in a short period of time, they may be asked to identify the issue of primary importance. That grievance will be processed before the others are considered.**

**People and family members will be provided with information regarding the person advocacy organizations that may be able to assist them, such as the Department of Disability Services, DC-NAMI, or other organizations.**

**All staff is responsible for maintaining the integrity of the grievance process and helping to resolve the person's complaints and disputes.**

**The grievance process may be terminated at any time if:**

- 1. A resolution is reached;**
- 2. A person's objects to continuing with a grievance filed by a third party on the person's behalf;**
- 3. The issue grieved is found by the Clinical Director/CEO to be without merit;**
- 4. The issue was previously grieved by the person and a decision rendered from the Clinical Director/CEO;**
- 5. The issue should be addressed by a different Azure, LLC policy, i.e. allegations of person abuse**

**The Clinical Director/CEO has seven (7) days to investigate the Grievance from a person, and has fourteen (14) days to respond to the Grievance in writing. The Clinical Director/CEO shall carbon copy the person's case manager of the outcome of the Grievance Investigation.**

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**APPROVED BY:**

**Name**

**Date**

\_\_\_\_\_  
**Clinical Director/CEO/**

\_\_\_\_\_  
**President/COO**

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**EXHIBIT 3: COMPLAINT REPORT FORM**

Complete this form if you have concerns about the health care or treatment that you or a family member received or did not receive. Please answer all of our questions. Give complete details. Use additional sheet, if necessary. You may use this form as a guide when making a complaint by telephone. We will investigate your concerns based on the information that you provide.

You may file an anonymous complaint

Complete the following questions.

**I. Your name or the name of person involved in the incident:** \_\_\_\_\_

Sex: ☐ Male    ☐ Female    Age: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

**II. Health care facility, residence, or community treatment program involved in the incident:**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Check the type of facility or program: ☐ Adult medical day care    ☐ Assisted living

☐ Hospital    ☐ Home health agency    ☐ Residential treatment center    ☐

Community mental health program    ☐ Residential services agency    ☐

Community drug treatment program

☐ Developmental disabilities provider    ☐ Other

Please specify \_\_\_\_\_

**III. Witnesses to the incident:**

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**IV. Person filing complaint or reporting incident (optional). Note: If you would like a deficiency report that may result from our investigation, please complete this section.**

**Name:** \_\_\_\_\_**Relationship:** \_\_\_\_\_**Address:**

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**Telephone:** \_\_\_\_\_

**May we reveal your identity during the investigation of your complaint?** [ ]  
**Yes** [ ] **No**

**V. Briefly describe the incident or your concerns (use additional paper if necessary):**  
**Include dates and times, person's involved, and description of what happened. Include attachments, if appropriate. Note: If this is an anonymous report, please be thorough and specific since we will not be able to contact you to obtain missing information.**

**VI. Have you reported this incident or concern to the person in charge of the facility, residence or program**