

COMPLAINT & GRIEVANCE INSTRUCTIONS & PROCEDURE

The staff of Jefferson County Human Services (JCHS) strives to ensure that your patient rights, are presented to you prior to or at admission. If you feel that your patient's rights have been violated or any other concern about your care, you have the right to express your concerns or file a grievance and ask that the following procedure be followed.

Your concerns or grievances can be written, oral, or any other method of communication about your care. You are encouraged, whenever possible, to informally discuss any problem(s) you may have with the staff or the person(s) involved. If your complaint cannot be resolved it can become a grievance, and you will be contacted by a Client Rights Specialist. The Client Rights Specialists will remain neutral and provide the findings to you.

If a concern is brought by someone other than you or is not your guardian, the staff will meet with you first to determine if you want to have the concern investigated and potentially be resolved through the informal resolution process. The process:

1. Please provide immediate feedback and have an informal discussion about any problem(s) you may have with the staff or the person(s) involved. If you cannot resolve the issue or wish to file a complaint, ask for a complaint form.
2. Complete the attached complaint form. Please be specific and include details of the date of the event and the type of resolution desired. If help is needed, a staff member can assist you and discuss possible resolutions.
3. If you and the staff member cannot find a resolution beneficial for you, the program manager notified and will discuss your concern(s) within 24 hours of the event (excluding weekends and holidays).
4. After meeting or discussing your concern(s) with program manager and an informal resolution cannot be reached, your unresolved concern(s) becomes a grievance and will be forwarded to the JCHS's Client Rights Specialist. This person will meet with you within 48 hours (24 hours for emergency) of filing the grievance to discuss the grievance and attempt resolve your concern(s). You will also receive written response from the Client Rights Specialist within 72 hours of the initial filing the grievance.
5. The JCHS's Client Rights Specialist will next conduct an impartial/natural investigation and review the grievance. Filing of a grievance will have no adverse effect on your treatment and your Client Rights Specialist will not allow retribution for filing a grievance.
6. The Client Rights Specialist's investigation may include interviewing you, your guardian, other patients and staff, review applicable records and charts, examines equipment and materials, and any other activity necessary in order to form an accurate, factual basis to resolve the grievance.
7. The Client Rights Specialist will next prepare an investigative report with findings. That report will be forwarded to you and the JCHS Director within 30 days of the grievance filing. You will be notified personally or via first class mail within 10 days of the JCHS final position on your grievance by the JCHS Director.
8. If you are still unhappy with the grievance outcome and a resolution is not reached, you may still file a grievance with the State of Wisconsin.

*State Grievance Examiner
Department of Health and Family Services
Division of Care & Treatment Services (DCTS)
1 West Wilson Street
P.O. Box 7851
Madison, Wisconsin 53707-7851
608-266-8481 or 800-642-6552
<http://www.dhs.wi.gov>*

Your Clients Rights Specialist is: Nikki Singsime . Phone # 920-674-7191

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CONSUMER COMPLAINT FORM

Your name: _____

Your address: _____

Your telephone number: _____

Please describe your complaint. Were you denied service? Do you believe you're not receiving an appropriate type or quality of service? Do you believe the conduct of a person or agency providing service to you on behalf of this department was unprofessional?

If your complaint concerns professional conduct, please state all important facts - where the incident took place, the time of day it happened, the names of others involved, the names of witnesses, etc. Please be as complete as you can and use the back side of this form if needed.

What would you like the Jefferson County Department of Human Services to do about your complaint?

Signature: _____ Date Submitted: _____

Please complete this Complaint Report, sign it, date it, and return it to:

**Clients Rights Specialist
Jefferson County Human Services
1541 ANNEX ROAD
JEFFERSON WI 53549**

For office use only-below the line

Date the Department of Human Services received this Complaint on: _____

- Complaint was reported verbally or consumer needed staff assistance
- Complaint came in by mail
- Complaint came in by phone call

Staff please complete page 2

FOR STAFF COMPLAINT FOLLOW-UP

{Use this section (if needed) for letters, phone calls, or staff assisted complaints}

Please explain the exact complaint. Specifically describe event, date of occurrence and the type of resolution desired. Please be as specific as possible.

The consumer's concerns in their words: (if needed use back) _____

Consumer's Signature: _____ Date/Time: _____

Staff's Signature _____ Date/Time: _____

Consumer conversation with Staff: phone call in person Date: _____ Time: _____ Staff (print name): _____

DISCUSSION/Staff notes: _____

What was offered to resolve the concern:

Program Manager's Review & follow-up Notes: (review within 24 hours)

What was offered to resolve the concern:

Resolved Informally: Patient Agrees with proposed resolution

Could not be resolved informally. Complaint went to formal grievance. Assigned to CRS within 48 hours (24 hours for emergency):

Program Manager

Date