

# Green Apple Counseling

1500 10<sup>th</sup> Ave S. Ste 200 Great Falls MT, 59405 Phone: 406-866-0350

## **POLICY: COMPLAINTS AND GRIEVANCES**

**PURPOSE:** To provide clients, visitors and employees a means to voice their concerns with the expectations that it will be rectified to their satisfaction.

### **Definitions:**

- **Complaint:** defined as a verbal expression of dissatisfaction by the client/ family regarding care or services provided at Green Apple Counseling, LLC which can be resolved at the point at which it occurs by the staff present. Most complaints will have simple solutions that can be promptly addressed and are considered resolved when the client/family is satisfied with the action taken on their behalf.
- **Grievance:** defined as a formal written expression of dissatisfaction with some aspect of care or service that has not been resolved to the patient/family's satisfaction at the point of service. All written complaints of abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities are examples of grievances. A written complaint will be sent to the Administrator, HR Director, and medical director to be discussed and rectified by a formal meeting with client/family or written notice of decision.

### **Procedure for Complaints:**

1. Any employee who receives a complaint from a client, employee, visitor or family member shall immediately attempt to resolve the complaint within that employee's role and authority.
2. If the complaint cannot be immediately resolved, the employee shall escalate the complaint through the appropriate chain of command.
3. The supervisor or manager shall resolve the complaint or take steps to continue the resolution process with the knowledge and agreement of the patient/family making the complaint.
4. If it cannot be resolved, then it becomes a formal grievance.

### **Procedure for Grievances:**

1. The client, employee, visitor, or family member will need to fill out a grievance form within 24 hours of complaint
2. The form will be reviewed by Administrator, director of HR, Office Manager, Medical Director
3. All measures will be taken to rectify the issue within 2 weeks.

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4. All grievances will be filed in the client's file, employee's file, administration file and with the client/family.
5. Clients will be asked to come to office and sign a receipt of a copy of the filing.
  - a. If Client does not come in, case will be considered automatically satisfied.
6. If no resolution can be found, then it may be referred to an advocacy organization or the Montana Board of Behavioral Health.
  - a. Advocacy groups include:
    - i. Casca-Can 406.454.6738
    - ii. Aware 406.453.0614
    - iii. YWCA 406.452.1315
    - iv. United Way 406.727.3400
    - v. Cascade County health Dept 406.454.6953
    - vi. Public Health and Human Services 406.453.8902

## **APPEALS:**

- Clients will sign a copy of the filing indicating that they are either satisfied or unsatisfied.
- If a client is unsatisfied with a decision or no resolution can be made, the client has a right to appeal.
  - Appeals will start with 2 other Green Apple Employees and another person on the managing board. And follow same procedure.
- Green Apple will contact the third party and request review of complaint and follow their recommendation.

## **INFORMING OF CLIENTS:**

- Clients will acknowledge receipt of this policy during the first session and by looking at the policy manual on the Green Apple Website.

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## Grievance Report

Name of Grievant: \_\_\_\_\_ Date of Grievance: \_\_\_\_\_

Client of Green Apple: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Statement of Grievance:

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### Relief Sought:

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Request Meeting: Yes                      No                      Meeting Date: \_\_\_\_\_

Grievant Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

### Rectified:

\_\_\_ Yes: Action Taken: \_\_\_\_\_

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\_\_\_ No: Action Needed: \_\_\_\_\_

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Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Green Apple Director: \_\_\_\_\_ Date: \_\_\_\_\_