

Policy: Grievances of Persons Served

Revisions: 7/07; 12/08; 08/10

Policy #: 316.1

Reference: 12 VAC 35-115-140; 12 VAC 35-115-150; 12 VAC 35-115-170.

**Policy:** Easter Seals UCP encourages the people it serves and supports to share their concerns and grievances with the organization and provides a structured format for expressing concerns or grievances.

**Purpose:** To provide a consistent and structured grievance process.

**Procedure:** During enrollment and annually thereafter, an Easter Seals UCP representative will provide explanation in a manner the individual and/or legally responsible person can understand the procedure and method around filing a grievance.

In the course of providing any service, it is possible that there may be individuals who are unsatisfied with the support s/he is receiving. Easter Seals UCP encourages all persons to seek to resolve differences with the staff member who is directly involved, or with that staff person's supervisor. We recognize dissatisfaction as an opportunity to improve our services and encourage the individuals we serve to advocate for exactly what they want. We believe that most disagreements can be resolved in this way, and that such direct communication is more empowering for all involved. As such, complaints are defined as those issues which are brought up directly between the individual and/or family member/advocate and the agency and resolved at the local program level. Complaints, thus defined, are not tracked within QM.

In the event that this direct communication is unsuccessful, individuals served may wish to file a Grievance. A Grievance may be filed either in writing or verbally, and may be communicated to any staff member. Upon learning that a person served wishes to file a Grievance, the informed staff member should contact the appropriate Program Director immediately. The Program Director has five working days to discover and attempt to address the source of the Grievance filed. Documentation of this process is submitted to the QM Director/designee for review and submission to the VA LHRC or SHRC. If the person served is unsatisfied with the outcome, s/he may appeal this decision to the next level supervisor, up the chain of command to the President/CEO, whose decision is final. Leadership each has 5 business days to review and decide upon the grievance outcome. Documentation of each interaction subsequent to the initial review is submitted to the QM Director/designee for review and submission to the VA LHRC or SHRC.

There is not a required form for filing grievances, as they may be filed verbally as well as in writing. However, a sample document is included on the internal intranet. The Easter Seals UCP website, as well as all rights & privacy education materials provide the means of contacting the QM program in the event of a grievance.

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In addition, each program is responsible for informing individuals they serve of the right to call the local CSB consumer advocate. The information will be included on the general service application and posted in the local administrative office.

In Virginia, a complaint that is not resolved locally will be submitted to the LHRC or the SHRC for formal investigation.



# Grievance Documentation Form

Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

North Carolina & Virginia

Easter Seals UCP North Carolina & Virginia (ESUCP) is committed to protecting the rights and dignity of the persons we serve at all times. This means always treating you with respect and assuring that your wishes and choices are listened to and honored.

If you believe that we have fallen short of this goal, we want you to notify us. In the space below, please describe your complaint. Your information will be kept private and will not affect your services or your family member's services in any way. An Easter Seals UCP representative will contact you to make sure that your concerns have been addressed.

**Please provide us with your contact information:**

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Eve)

Person Served: \_\_\_\_\_

Relationship (circle): Self Parent Other: \_\_\_\_\_

**Please list the staff involved, if applicable, and the services received:**

Staff Involved: \_\_\_\_\_

Services Provided: \_\_\_\_\_

**Please describe your complaint or concern in the space below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Complaint or Concern

\_\_\_\_\_  
Date

*Please mail this form to:*  
ESUCP Quality Management  
5171 Glenwood Avenue; Ste  
400  
Raleigh, NC 27612

*Or fax to:*  
ESUCP Quality Management  
919-863-3868

For ESUCP Internal Use Only

Date Received:	Comments:
Received By:	