

## **Grievance Procedure**

Bethany Christian Services Residential Treatment Program provides a formal grievance process for all clients and legal representatives of those clients. This process is clearly explained and easily accessible to all residents, parents, guardians, and other legal representatives of the residents. This grievance procedure may be utilized in response to situations in which the client has a complaint about the program, staff decisions or actions, agency policy, or in any circumstance in which the client feels his/her rights have been violated.

- I. Informing
  - A. Parents/guardians and case managers are given a copy of this grievance policy prior to admission to the program. A signature sheet is provided to confirm receipt. This is kept in the resident's paper file.
  - B. Youth are given a copy of the grievance policy within the first week of intake. A signature sheet is provided to confirm receipt; this is kept in the resident's paper file.
- II. Availability
  - A. Grievance forms with envelopes are located in the main living area on each residential unit.
  - B. Grievance forms are available to all youth at all times.
  - C. Grievance form is available to parents/guardians, case managers and others on the <u>www.bethany.org/residential</u>.
- III. Safety/Urgent Attention Matters
  - A. If the content of the grievance is known to be a matter requiring urgent attention, e.g. allegation of sexual or abuse by another youth or staff member, or other safety risk, please contact the Unit Supervisor or Lead Therapist/Clinical Supervisor immediately.
- IV. Initiating
  - A. Residents can fill out a grievance form at any time.
    - 1. They fill out the top part of the form and take the top copy white.
    - 2. They place the form in the envelope.
    - 3. They place the envelope in the mental grievance box on the unit.
  - B. Parents/guardians, case manager, and others fill out the pdf form located online (or emailed to them from a residential therapist, lead therapist, or supervisory staff in the program).
    - 1. They can email the form to Unit Supervisor (if unit issue) or Lead Therapist (if clinical or larger program issue).
- V. Gathering
  - A. The Unit Supervisors will regularly check the grievance box and inform the Office Manager if a grievance is in the box.
  - B. The Office Manager will retrieve the grievance and give it to the Residential Director.
- VI. Response
  - A. The Residential Director will review the grievance within ten days.
  - B. The Residential Director will provide a response to the youth or will forward the grievance to the Program Supervisor or Clinical Supervisor for response.
  - C. The response will be returned to the youth with the yellow copy.
  - D. If an issue is larger and/or more complicated, then it will be taken to a larger group of staff, which could include Unit Supervisor, Residential Therapist, Program Supervisor, Lead Therapist, or Residential Director.
  - E. If the issue is a quality assurance issue or concern, then Bethany's Privacy Officer/Quality Assurance Director will be included.

## VII. Appeal

- A. In the event that a youth or parent/guardian, case manager, or other party is not satisfied with the disposition offered, they may request a review of the grievance.
- B. The Residential Director will submit the grievance form and any other relevant documentation to the Vice President of Regional Operations.
- C. The disposition reached by the Vice President of Regional Operations is final and will be communicated to all relevant parties by letter within ten business days.

## VIII. Record Keeping

- A. Grievance forms are printed in triplicate.
- B. Copy 1 (white) is kept by the party initiating the grievance, as his/her record that the complaint was filed.
- C. Copy 2 (yellow) is given to the person who initiated the grievance, after a disposition has been reached.
- D. Copy 3 (pink) is kept on file in the office of the Clinical Supervisor and then is placed in the resident's permanent file upon discharge.



## Grievance Acknowledgement Form

By signing below, I acknowledge that I have received and understand the Grievance Procedure/Policy of Bethany Christian Services Residential Treatment Program.

Youth Signature	Date
Parent/Guardian Signature	Date
Case Manager/PO Signature	Date