**Grievance/ Complaint Process**

RCM supports clients’ rights and will ensure that they have control over their environment, including the selection of individual support staff and the right to select an alternative provider.

Open and direct lines of communication are strongly encouraged between Clients, RCM’ staff and the circle of support to ensure that quality of services are provided, and the individual needs of the clients are met.

RCM’ staff members and circle of support are also strongly encouraged to advocate actively on behalf of clients, especially if they are experiencing difficulties with communicating.

A grievance form will be provided with the information packet at the assessment meeting and reviewed during training sessions. Clients can also obtain a grievance form from their support staff. General grievance process is noted below:

* Grievance resolution is typically accomplished through regular meetings that are open and informal. Clients, family members, friends, and advocates are always encouraged to attend. RCM recognizes that personal support at this level is and can be very effective and when open communication is encouraged then most issues can be resolved in this manner.
* If neither the client nor the circle of support can resolve the issue through informal methods of communication with RCM’s staff, then RCM will respond to client’s concerns within seven (7) working days of receiving the grievance form.
* If neither the client nor the circle of supports or RCM’s staff can determine a resolution to the satisfaction of the client, all concerns shall be forwarded in writing to the RCM’s Program Director. The client shall receive a response within fourteen (14) working days after the grievance receipt.

**Grievance/ Complaint Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions: If you are the client or completing for a client, provide client's information below:** | | | | | | | | | | |
| Client's Name | |  | | Client's DOB | | |  | | | |
| Client's Email | |  | | Client's Phone # | | |  | | | |
| Client's Address | |  | | Client's City, Zip code | | |  | | | |
|  | | | | | | | | | | |
| **Instructions: If you are not the client, provide information below:** | | | | | | | | | | |
| Name | |  | | | | | | | | |
| Email | |  | | Phone # | | |  | | | |
|  | | | | | | | | | | |
| **INFORMATION ABOUT THE COMPLAINT** | | | | | | | | | | |
| **Person filing the complaint, if other than the client** | | | | | | | | | | |
|  | Friend |  | Current RCM employee |  | Family Member/Guardian | |  | Website User | | |
|  | Community Partner |  | Former RCM employee |  | Regional Center | |  | Other | | |
|  | | | | | | | | | | |
| **The complaint is against:** | | | | | | | | | | |
|  | RCM' Staff |  | RCM's Management |  | RCM's Website Staff | |  | Family member | | |
|  | Community Partner |  | Regional Center |  | Other | |  | Other | | |
|  | | | | | | | | | | |
| **Has the complaint been made to the person(s) involved already?** | | | | | | | Yes | | No | Not sure |
| **Did he or she do anything to resolve the complaint?** | | | | | | | Yes | | No | Not sure |
| If yes, what | | | | | | | | | | |
|  | | | | | | | | | | |
| **Is this the first time you have filed this complaint?** | | | | | | | Yes | | No | Not sure |
| **ACTUAL COMPLAINT** | | | | | | | | | | |
| **Date of incident** | |  | | | | | | | | |
| **Complaint** (Explain the situation i.e. who, what, when, where and why) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Signature** | |  | | | | **Date** |  | | | |