



## San Antonio AIDS Foundation Client Grievance Policy & Procedure

**Purpose:** The purpose of this policy is to provide a method for prompt settlement of client grievances regarding the quality of services, administration of policies/procedures, and alleged violation of rights to eligible services.

**Procedure:** Every client who receives service is entitled to file a complaint about the service(s) they receive from the San Antonio AIDS Foundation (SAAF) if they are not satisfied with the service or service delivery by a staff member. Every staff member is expected to assist in resolving a concern in a courteous, compassionate, competent and expedited manner. Submitting a grievance shall not in itself compromise future access to services.

If at all possible try to find a solution to the issue by direct communication regarding the complaint. If you cannot do that or are unsatisfied with that outcome then you may begin the grievance process.

\*Please fill out the "Grievance Form" and put it in the mailbox marked "Client" in the Dining Room.\*  
**KEEP TOP TWO PAGES (CARBONLESS COPIES) FOR YOUR RECORDS.**

There are three possible levels of review available for each grievance:

Level 1. The first person to review the grievance is the Department Head or Supervisor of the area named in the grievance. This person has three working days from the date they received the complaint to meet with you to discuss the situation. At the conclusion of your meeting the Department Head will fill out their section of the form and tell you what they think should happen. You will be asked to sign that section of the form and say whether you agree or disagree.

- If you agree the process ends and the resolution is implemented.
- If you disagree you move to the next level of grievance.

Level 2. SAAF's Grievance Resolution Team (3 staff members) will review the complaint. *If the grievance involves a Department Head who is on the Grievance Team, another staff member will be selected to review the complaint.* This team will review the grievance and meet with you within three working days after receiving the grievance following the Level 1 review. At the conclusion of your meeting the Grievance Resolution Team will fill out their section of the form and tell you what they think should happen. You will be asked to sign that section of the form and indicate whether you agree or disagree.

- If you agree the process ends and the resolution is implemented.
- If you disagree you move to the next level of complaint.

Level 3. The final level of review is by the Chief Executive Officer (CEO). The CEO will meet with you within three working days to discuss the situation. At the conclusion of your meeting the CEO will fill out their section of the form and tell you what they think should happen. This is the final step in the process and the decision of the CEO is final. You will be asked to sign that section of the form and say whether you agree or disagree. If you disagree you have the right to file a formal grievance with:

Bexar County Department of Economic and Community Resources: for Ryan White services.  
Department of State Health Services: for Testing services

**Acknowledgment:**

*I have read the San Antonio AIDS Foundation's Service Recipient Grievance Procedure and Practices above. I understand that it is my right as a San Antonio AIDS client/service recipient to file a grievance according to these procedures if I have a complaint about the services I receive from San Antonio AIDS Foundation that cannot be resolved through other means.*

\_\_\_\_\_  
**SAAF Client/Service Recipient: Print Name & Sign**

\_\_\_\_\_  
**Date**

Best way to contact: \_\_\_\_\_



# SAAF Client Grievance Form

**Level 1:** *to be completed by SAAF Department Director*

<b>Staff Member's Name:</b>	<b>Position:</b>
<b>Date Complaint Received:</b>	
<b>Recommended Complaint Solution:</b>	
<b>Staff Member's Name:</b>	<b>Date Met With Client:</b>

*To be completed by SAAF Client/Service Recipient*

<input type="checkbox"/> I am satisfied with the recommended grievance solution.	
<input type="checkbox"/> I am not satisfied with the recommended grievance solution.	
<b>Client's Signature:</b>	<b>Date:</b>

**Level 2:** *to be completed by SAAF Grievance Team*

<b>Complaint Resolution Team Lead:</b>	<b>Position:</b>
<b>Date Complaint Received:</b>	
<b>Recommended Complaint Solution:</b>	
<b>Complaint Resolution Team Names:</b>	<b>Date Met w/Client:</b>

*To be completed by SAAF Client/Service Recipient*

<input type="checkbox"/> I am satisfied with the recommended grievance solution.	
<input type="checkbox"/> I am not satisfied with the recommended grievance solution.	
<b>Client's Signature:</b>	<b>Date:</b>



**SAAF Client Grievance Form**

**Part I. Client - Please fill in this page.**

<b>Your Name:</b>	
<b>Service Department Name: Circle One: Dietary    Case Management    Housing Clinic    Testing/Education    Administration</b>	
<b>Please state your concern (<i>use back of form, if necessary</i>):</b>	
<b>What action would you suggest?</b>	
<b>Your Signature:</b>	<b>Date:</b>



# SAAF Client Grievance Form

Level 3: to be completed by Chief Executive Officer

<b>Name:</b>	
<b>Date Complaint Received:</b>	
<b>Final Complaint Solution:</b>	
<b>CEO Signature:</b>	<b>Date Met With Client:</b>

*(To be completed by SAAF Client/Service Recipient)*

<input type="checkbox"/> I am satisfied with the recommended grievance solution.	
<input type="checkbox"/> I am not satisfied with the recommended grievance solution, but understand that it is final at the organization.	
<b>Client's Signature:</b>	<b>Date:</b>