GOLDEN RULE SERVICES

AGENCY/COUNCIL GRIEVANCE PROCEDURES

Here at Golden Rule Services we strive to provide our clients with excellent care. However, in cases where a client has concerns regarding the quality of his/her service provisions, the case will be reviewed through the agency's and the HIV Health Services Planning Council's specific grievance procedures. The grievance phases are outlined below.

- **Phase one:** client and Case Manager are encouraged to informally resolve any dispute.

- **Phase two:** if both parties are unable to adequately resolve the grievance, the client will submit in writing (within 10 working days) to the Director of Golden Rule Services, the nature of the grievance.

- **Phase three**: if a resolution is not mutually resolved between the client and agency, the case will then be reviewed by the Recipient.

- **Phase four**: a written response will be sent to all parties involved (e.g. agency, client) within twenty (20) working days with a disposition.

- **Phase five:** if an extension is needed, a letter shall notify all parties involved of an extension for an additional ten (10) working days.

- **Phase six,** a final disposition shall occur no later than thirty (30) working days following the initial filing with FAA.

In order to ensure continuity of the HIV Health Services Planning Council's process and prevent delays in the provision of services, a grievance may be considered up to 30-calendar days after the Council at large has made a service decision. A grievance beyond the 30-day stipulation will not be heard.

PROCEDURE:
1. Informal non-binding dispute resolution
2. Formal non-binding dispute resolution (mediation)
3. Binding arbitration

- ❖ A grievance will only progress to the next phase if the parties involved are unable to adequately resolve the grievance through the earlier, less formal phase.

Timelines for all procedures are noted in Table I**. (ATTACHED)**

(Rev. 3/4/2021 WLR)

I have read and understand both Golden Rule Service's and HIV Planning Council's Sacramento TGA grievance procedures.

_____

Print Name

_____   _____

Signature   **Date**

_____   _____

Case Manager   **Date**