

GRIEVANCE POLICIES AND PROCEDURES

Client Name: _____ : DOB: _____ :

If you have a grievance/complaint you may personally, through or in combination with other persons, present grievances and recommend changes in policies and services on behalf of yourself or others without fear of reprisal, interference, coercion, or discrimination.

A grievance may be initiated verbally but must be confirmed in writing.

If you have any grievance/complaints concerning your care and treatment at Global Healthcare Services, you are to first discuss the issue with your clinician. If the issue cannot be resolved to your satisfaction at this level, you will then file your complaint with the Medical Director, using the attached form.

All complaint forms must be filled out completely to be addressed. If you need any assistance completing the complaint form, please ask one of our staff members for assistance.

Once your complaint form is received, you will receive a written response by mail from our Medical Director within seven (7) business days and in the event you are not satisfied with the resolution, you can forward your complaint to the Program Director and you will receive a written response within seven (7) business days.

We at Global Healthcare Services value our client's needs and will make every attempt to resolve any grievance/complaint that is brought to our attention. Do not hesitate to discuss these and any other topics of concern you may have about your treatment at Global Healthcare Services with your clinician and/or the manager.

If you are not satisfied with the outcome of this internal process, you may forward your grievance to the Baltimore County Core Service Agency (410) 887-2731

I have been informed of the policies and procedures for submitting a grievance/complaint. I understand the policies and procedures as explained to me. If there is any portion of the procedures that require further explanation, I understand that I am free to request an explanation and assistance now or in the future.

Client Name: _____ Date: _____

Parent/Guardian (if applicable) _____ Date: _____

Signature Staff Representative: _____ Date: _____