

IMPERIAL COUNTY AREA AGENCY ON AGING CLIENT COMPLAINT AND GRIEVANCE PROCEDURES
Older Americans Act Programs

(Instructions: The service recipient is to read and sign Page 1, then complete Page 2 of this form (Optional). A copy will be retained in the service recipient's case file maintained by the Contractor. The original signed form will be routed as follows)

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a grievance.

The following procedures are to be followed when filing a grievance:

Step 1. Identify the complaint/grievance in writing and discuss it with the Contractor/Service Provider within 1 week (7 days) of discrimination/violation/problem. If resolved at this level, no further action is required. If no resolution is apparent within 21 days, proceed with Step 2.

Step 2. Contractor/Service Provider or Service Recipient forwards the written complaint/grievance to the Area Agency on Aging (AAA) Manager, Imperial County Area Agency on Aging, within 30 days of the initial report, at the following address:

Imperial County Area Agency on Aging
778 West State Street
El Centro, CA 92243
ATTN: AAA Manager
(442) 265-7030

AAA Manager will attempt to resolve the discrimination/violation/problem within seven (7) business days of receipt. If resolved at this level, no further action is required. If the service recipient wishes to appeal the decision of the AAA Manager, proceed with Step 3.

Step 3. Contractor/Service Provider or Service Recipient forwards the written complaint/grievance to the AAA Director at the address above within 21 days of receiving the decision from the AAA Manager. The director will review all prior information and determine if additional efforts can be made to resolve the issue. The director will respond to the complaint in writing with a decision within seven (7) business days.

Step 4. If you are not satisfied with the response of the director, you may appeal the decision to the Imperial County Board of Supervisors. Request must be submitted in writing to the Board of Supervisors within 30 days of receiving notice from the director. You will receive a notice, including information on the date and time of the Board of Supervisors meeting, when your complaint will be heard. After receiving notice, you or your representative must respond in writing that someone will be in attendance to present the complaint to the Board of Supervisors. Confirmation of attendance must be received at least 2 weeks prior to the date of the meeting. Failure to meet this requirement may result in postponement of the appeal. The Board of Supervisors will provide a final decision, in writing, within five (5) business days of the Board meeting. Please note: Each of these steps must be completed in the sequence shown.

If you believe that your civil rights have been violated, please contact:

Equal Employment Opportunity Office
940 W. Main Street, Suite 208
El Centro, CA 92243
ATTN: Equal Employment Opportunity Officer
(442) 265-1017

This is to certify that I have read, understood, and received a copy of the Client Complaint and Grievance Procedures for Older Americans Act Programs.

Signature of Service Recipient

Date



778 W. State St., El Centro, CA 92243 | (442) 265-7030

COMPLAINT/FEEDBACK FORM

We strongly suggest that you complete the information below so that you can be contacted about the status of the complaint. However, if you prefer to remain anonymous, you may leave the section below blank.

THIS FORM CAN BE USED TO PROVIDE A GENERAL COMMENT, CONCERN, OR COMMENDATION ABOUT A PROGRAM OR SERVICE.

Your Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Information on your complaint/feedback:

Services: _____

Describe the details below. Please include as much detail as possible.
