



778 W. State St., El Centro, CA 92243 (442) 265-7033

General Grievances and Complaints Policy

(Instructions: The service recipient is to read and sign Page 1, then complete Page 2 of this form. 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)

Any consumer of Imperial County Area Agency on Aging (ICAAA) services or assistance has the right to file a grievance or complaint over any unresolved conflict or issue that arises during the course of receiving services, including service received directly from the ICAAA (i.e., Information & Assistance) or service received by a contracted agency (i.e., Respite Care, Congregate Meals, Home Delivered Meals, etc.). 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.

You may file a complaint or grievance yourself or have a designated representative file it for you.

No retaliation will be placed upon the griever, and all attempts will be made to keep the grievance anonymous. All grievance and complaints filed are confidential and only information relevant to the complaint may be released to the responding party with the complainant's consent.

The following procedures are to be followed when filing a Grievance or Complaint:

1. Grievances or complaints should be discussed with your first point of contact at the ICAAA or the provider directly, in an attempt to resolve the matter. If the issue is related to provider service delivery, all attempts should be made to resolve the issue with the provider directly.
2. If the issue has not or cannot be resolved, send a **written complaint** to the ICAAA, Attention: ICAAA Manager, Imperial County Area Agency on Aging, 778 W. State Street, El Centro CA, 92243. The written complaint **must** be sent within **30 days** of the initial report of the grievance. The written complaint must include the reason for the complaint, outcome, and any attempts (including a timeline of events) made to resolve the issue previously. Please note all written complaints must be mailed to ICAAA, e-mails will not be accepted for the grievance process due to privacy regulations.
3. The ICAAA Manager will review the grievance and discuss with the appropriate ICAAA staff. If the grievance is related to service delivered by an ICAAA contracted provider, the AAA Manager will follow-up with the provider directly. ICAAA Manager will

attempt to resolve the discrimination/violation/problem and will contact you and/or your designated representative **within seven (7) business days** of receiving the complaint and provide a written decision on the grievance. If resolved at this level, no further action is required.

4. If your grievance or complaint has not been resolved to your satisfaction, the next step is to send the complaint or grievance to the ICAAA Director for additional review. Mail the complaint or grievance to the AAA, Attn: ICAAA Director, 778 W. State Street, El Centro, CA 92243. 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**.
5. If you are not satisfied with the response of the ICAAA Director, the final step in the grievance and complaint process is to appeal the decision to the Board of Supervisors. If the decision is to appeal, you must submit your request to appeal in writing to the Board of Supervisors, within **30 days** of receiving notice from the ICAAA 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.

If you believe that your civil rights have been violated, please contact the Civil Rights Coordinator:

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

Imperial County Area Agency on Aging



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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, please do not complete the section below.

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:

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