

## Client Grievances

### **POLICY**

It is the policy of Wayside Recovery Center to investigate and resolve client complaints in a timely manner. Upon service initiation, Wayside Recovery Center staff shall explain the grievance procedure to the client or their representative. The grievance procedure is posted in a place visible to clients and made available upon a client's request. The grievance procedure is also available to former clients upon request. Wayside Recovery Center will not retaliate against any client using this grievance process.

### **PROCEDURE**

#### **I. Informal Complaint**

- A. Wayside encourages clients to inform staff immediately of any concern/complaint they may have. Staff is expected to treat such complaints respectfully, investigate promptly, and respond to the client in a timely manner. The staff member is not responsible to share with the client the procedure by which informal complaints are handled. In the event that this informal process does not satisfy the client, a formal grievance process is used. Clients are given a copy of a grievance form in their admit packet.

#### **II. Formal Grievance**

- A. Client completes the grievance form and gives it to the Senior Director/Director of the program stating clearly in writing that the client wishes to file a grievance. If a client would like assistance, staff will be available to assist in filling out the forms.
- B. The Senior Director/Director of the program shall respond to the client within three days of receiving the formal grievance.
- C. The Senior Director/Director of the program meets with the client to get additional information about the complaint and documents this discussion.
- D. The Senior Director/Director of the program determines who should be involved in resolution of the grievance, informs them of the complaint, and meets with them as appropriate. This will include the person(s) identified in the complaint and their supervisor(s).
- E. Any decision or action resulting from this meeting is documented and the client is informed of the action to be taken. The level of detail given to the client is determined by practical and legal considerations regarding personnel law and confidentiality. The date the client is informed is documented. The Senior Director/Director of the program will keep a file of client grievances in a locked and secure location.
- F. If the client does not agree with the initial disposition, the client may appeal the decision to the Chief Executive Officer within five working days of the date the client was informed.
- G. The Chief Executive Officer follows similar procedures in investigating the complaint and may seek legal counsel.
- H. The Chief Executive Officer's decision is the final disposition.

Contact information for the Senior Director/Directors of Wayside Recovery Center's services:

**Nway Linn, MS, LPCC, LADC**

Senior Director of Outpatient Services

W: 651-242-5548 F: 651-209-6341

[Tamarah.Gehlen@waysiderc.org](mailto:Tamarah.Gehlen@waysiderc.org)

**Carrie Salsness, LADC**

Senior Director of Women's and Family Treatment Services

W: 952-405-7643 F: 952-345-8740

[Carrie.salsness@waysiderc.org](mailto:Carrie.salsness@waysiderc.org)

**Andrea Roland, MA, LPCC**

Director of Mental Health Services

W: 651-242-5547 F: 952-345-8752

[Andrea.roland@waysiderc.org](mailto:Andrea.roland@waysiderc.org)

**Other agencies to which complaints can be made:**

**Department of Human Services, Licensing Division**

PO Box 64242

St. Paul, MN 55164-0242

W: 651-431-6500 F: 651-431-7673

TTY users can call through Minnesota Relay Service at (800) 627-3529

For Speech-to-Speech, call (877) 627-3848.

**Alcohol and Drug Abuse Division**

PO Box 64977

St. Paul, MN 55164-0977

W: 651-431-2460 F: 651-431-7449

**Chemical and Mental Health Services administration, assistant commissioner's office**

PO Box 64988; St. Paul, MN 55164-0988

W: 651-431-2367 F: 651-431-7455

**Disability Services Division**

PO Box 64967

St. Paul, MN 55164-0967

P: 651-431-2400 F: 651-431-7412

Disability Linkage Line: 866-333-2466

Disability Services Division Resource Center: 888-968-8463 or 651-431-2450.

**Office of the Ombudsman for Mental Health and Developmental Disabilities**

121 7<sup>th</sup> Place East, Suite 420

Metro Square Building, St. Paul, MN 55101

P: 651-757-1800 and 800-657-3506

**MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY**

2829 University Avenue SE, Suite 210

Minneapolis, MN 55414  
P: 612-548-2177 F: 612-617-2187  
MN Relay 1-800-627-3529

**Office of Health Facility Complaints (OHFC)**  
P.O. Box 64970  
St. Paul, MN 55164-0970  
P: 651-201-4201 and 1-800-369-7994 F: 651-281-9796  
TDD: 651-201-5797

**CLIENT GRIEVANCE FORM**

Client First Name/Last Initial: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

Outcome Desired: \_\_\_\_\_

Date Submitted to Senior Director/Director of Program: of Outpatient Treatment Services:

\_\_\_\_\_

Meetings between Senior Director/Director of Program, others, date and people involved: \_\_\_\_\_

\_\_\_\_\_

Senior Director/Director of Programs Disposition of Grievance:

\_\_\_\_\_

\_\_\_\_\_

Date client informed of disposition: \_\_\_\_\_

I accept the above disposition \_\_\_\_\_ I do not accept the above disposition \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Date submitted to Chief Executive Officer: \_\_\_\_\_

Meetings between Chief Executive Officer/others, date and people involved:

\_\_\_\_\_

\_\_\_\_\_

Chief Executive Officer's disposition of Grievance:

\_\_\_\_\_

\_\_\_\_\_

I accept the above disposition: \_\_\_\_\_ I do not accept the above disposition: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy to: Client file, Senior Director/Director of Program - Grievance file, Chief Executive Officer*

**No Wayside Recovery Center staff or official shall retaliate in any way toward any client who participates in this procedure. If you need assistance to fill out the form or to understand the grievance process, please ask a counselor or other staff member. They will be glad to assist you.**