

COMPLAINT/GRIEVANCE PROCEDURE

Persons served by _____ may express complaints and grievances about this licensed provider.

The steps in the grievance process are as follows:

Authority: Minnesota Statutes 245A.04 Subd. 1 Section D

Purpose:

1. Talk to the license holder(s) and attempt to resolve your complaint or grievance on an informal basis.
2. Submit a written complaint/grievance to the license holder(s). The complaint/grievance should be written on a clean sheet of paper and include:
 - The date written.
 - Your name.
 - A complete explanation of your complaint/grievance with as many details as possible.
 - A description of the actions you would like the licensed provider to take to resolve your complaint/grievance.

License holders will respond in writing to written complaints/grievances as soon as possible, but not later than five days after receiving the complaint or grievance, unless extenuating circumstances make a response during that time impossible.

3. Submit a written complaint/grievance to the licensing agency: (Note: Most business issues are not a licensing issue and cannot be addressed by the licensing worker)
Name: Rice County Social Services
Address: 320 NW 3rd Street, Suite 2, PO Box 718, Faribault, MN 55021
Phone: 507-332-6115

You are encouraged to follow these steps in sequence but **you may submit a grievance beginning with any of the steps listed above.**

****Persons served by the program, parents, guardians, and case managers will be provided with a copy of this grievance procedure.**

*****Licenseholder must send a completed copy of this form to the licensor.**

Any abuse or maltreatment information obtained through the grievance process will be reported as required by the Maltreatment of Minors Act, MN Statute Section 626.556 or Vulnerable Adult Act, MN Statute Section 626.557.

The license holder will notify the licensing agency of all written complaints/grievances and the resolution of the complaints/grievances in writing.

License Holder(s): Please write or type, in your own words, a statement of your understanding of, or any additions to, this policy. You may also attach a separate written statement or use the back of this policy.

I have reviewed and been provided a copy of this licensed holder's complaint and grievance procedure.

License Holder Signature: _____ Date: _____

License Holder Signature: _____ Date: _____

FOR ADULT FOSTER CARE USE ONLY

I have reviewed and been provided a copy of this licensed holder's complaint and grievance procedure.

Client: _____ Date: _____

Guardian: _____ Date: _____

Family Member: _____ Date: _____

Case Manager: _____ Date: _____