

Consumer Name: _____

YCO
CONSUMER GRIEVANCES POLICY/PROCEDURE

It is the policy of YCO, Inc. to provide persons served with a procedure to formally complain to the agency including grievances and appeals. Grievance may concern the quality of counseling, fees, comfort of facilities, professionalism of staff, discrimination, etc. No consumer shall ever be retaliated against, or subject to any adverse conditions or treatment services solely or partially because of having asserted his/her rights.

PROCEDURES:

1. A written notice of the grievance procedure is provided to each consumer or guardian and, to an individual of the consumer's choice during admission.
2. Grievances may be reported anonymously by placing an unsigned written statement in the client satisfaction box in the reception area. The suggestion box is checked each morning at the beginning of business; in the instance where the decision maker is the subject of a grievance; the complaints are directed to the Clinical Director.
3. A maximum fourteen (14) day time frame is allowed for an expedient resolution of consumers grievances.
4. The consumer is notified during the review of this policy admission, that he or she has the right to make a complaint to the ODMHSAS Consumer Advocacy Division at 900 E. Main Street; PO Box 151, Norman, OK 73070 (405) 573-6605.
5. In the performance of our mission, there will be client complaints regarding Program services. Many of these complaints will be resultant from the lack of knowledge as to who is eligible to receive services, how often, the type, and amount of services that they are authorized. However, when received, such grievances and concerns will be resolved on a timely basis and in a courteous and professional manner.
6. Complaints and grievances should be reviewed and resolved at the lowest level possible. Complaints will be handled in a private and confidential manner. The following organization lines should apply to resolving grievances and complaints:
 - A. Grievance Coordinator, D'Fawn Downs, 1217 W Gary Blvd, Clinton, OK 73601; cell (580) 383-7608; toll free (866) 926-6552; fax (580) 547-4076.
 - B. Local Advocate, Brandeline Brown, 222 E. Sheridan, Suite 2, Oklahoma City, OK 73104; cell (405) 443-9991, office (405) 200-0125, toll free (866) 926-6552; fax (405) 270-0543.
 - C. Decision Maker, Robert Lobato, 222 E. Sheridan, Suite 2, Oklahoma City, OK 73104; cell (405) 222-8167, toll free (866) 926-6552; (405) 270-0543.
7. If the complaint or grievance is not resolved or satisfied at the Executive Director level, the client may request an official hearing before designated YCO, Inc. Advisory Committees, dependent upon the nature of the complaint.
8. Hearings will be conducted in accordance with the Open Meeting Law of the State of Oklahoma to include agenda requirements. Written minutes of the hearing are required. If the Executive Director cannot resolve the complaint, hearings will be held within ten (10) work days.
9. The consumer, or a designated representative, will be provided access to all relevant records to the appeal process.
10. The consumer will be provided written notification of the decision of the Advisory Committee within ten (10) workdays after the hearing.
11. If the consumer complaint or grievance cannot be satisfactory resolved within the Agency process, clients will be advised of funding source appeal rights in writing.

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12. Grievance Procedures will be reviewed annually and/or when a grievance is filed.

13. The grievance process is continually monitored and based on outcomes, adjust and improve our process. To further pursue a Grievance you are free to contact the agencies listed below:

Department of Human Services
Office of Client Advocacy
PO Box 25352
Oklahoma City, OK 73125
(405) 525-4850 or (405) 573-6605

ODMHSAS
2401 NW 23rd St, Suite 82
Oklahoma City, OK 73125
405-521-4256, fax 405-521-4260

ODMHSAS Office of the
Inspector General
inspectorgeneral@odmhsas.org
Local: 405-855-4058
Toll Free: 1-877-426-4958

The Joint Commission
Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd
Oakbrooke Terrace, Illinois 60181
800-994-6610, fax 630-792-5636
complaint@joincommission.org

A copy of this notice should be given to or mailed to the consumer upon enrollment

I acknowledge that the contents of this notice were explained to me on _____, Today's Date

by YCO _____
(YCO Staff Member)

Client Signature: _____
(if client is 14 or older)

Date: _____

Parent/Guardian Signature: _____
(if under 18 or in custody)

Date: _____