Personalized Homecare Services, Inc.
III-B In-Home Services Grievance Process and Grievance Form

GRIEVANCE PROCESS

Personalized Homecare Services, Inc. recognizes two levels of grievances:
- Formal: A formal written grievance about the company's services, employees, and program, wherein the complainant desires formal follow-up.
- Informal: These are verbal complaints, which the individual feels aggrieved, disappointed, or dissatisfied about the company's services, employees, and program, wherein the complainant does not think the issue should rise to the level of formal grievance.

Note: If the grievance includes allegations of abuse of an elderly, a phone and written report will be made to the Adult Protective Services immediately. If a police report is necessary, the DSS Form SOC341 is completed and sent to Adult Protective Services

Filing for grievance (formal and informal) includes the following steps:
- A grievance form should be completed in writing and submitted as soon as possible after the occurrence, but no later than 30 days after the date of the occurrence.
- For informal grievance (wherein complainant will not complete grievance form), staff should verbally accept the grievance and complete the grievance form.
- All grievances against Personalized Homecare Services, Inc.'s services, employee/s, and program shall be reviewed and investigated by the Program Director, unless the grievance is against the Program Director, in which case, the grievance will be investigated by the Administrator.
- Grievances will normally be responded to within 10 days of receipt of the grievance form in a written notification, unless otherwise noted.
- All grievances filed are confidential and kept in a secured location for 3 years.

GRIEVANCE FORM

Complainant Information

Name:	Phone:
Address:	Email Address:

Information Regarding Grievance

Date of Occurrence:	Location of Occurrence:

Service/Person/s/Program Involved:

Details of Grievance:

Signature:	Date:

For Office Use:

Report Taken By:	Date:
Action Taken By:	Date:

Follow Up/Resolution: