

**GRIEVANCE POLICY****Purpose:**

The Dutchess County Department of Health (DCDOH) has established the following grievance procedures for consumers, community members and staff who experience barriers or have negative experiences with agencies funded by the Ryan White Part A Program.

All organizations that receive RW funding from DCDOH are required to have an internal grievance procedure. Any person experiencing such problems should exhaust internal procedures at the agency prior to contacting DCDOH.

**Policy:**

If an individual is unable to resolve a grievance with an agency funded by DCDOH, a responsible DCDOH official will investigate the grievance. Grievances should be submitted in writing, if possible, to the RW Grievance Officer (GO). If the grievant requests confidentiality the GO will make every effort to honor this request. DCDOH has a policy prohibiting engaging in or tolerating any retaliation against consumers, community members or staff for complaints made in good faith. (Please note that this policy is not intended to address grievances that a staff member has with his/her employer.) DCDOH is committed to resolving all agency-related consumer, community and staff grievances within our jurisdiction in a timely, efficient and thoughtful manner. The grievance will be investigated and the resolution communicated to the grievant in a time-sensitive manner. If the grievant is not satisfied with the DCDOH resolution, the grievant can appeal the resolution to the Commissioner of Health, and ask for in-person hearing.

The timeline for responding to a grievance is the following:

- A written communication acknowledging receipt of grievance will be sent to the grievant within 5 business days of receiving the grievance.
- The grievant will be notified of the final resolution of the grievance within 15 business days of receipt of the grievance.
- If the grievance cannot be resolved within this time frame, the grievant will be notified of the progress toward resolution, the reason for the delay and, if possible, the anticipated timeframe for final resolution.

In order to file a grievance, call or write to:

Grievance Officer  
Ryan White Program  
Dutchess County Department of Health  
387 Main Street  
Poughkeepsie, NY 12601  
845-486-3484 phone  
845-486-3417 fax

Dutchess County Department of Health  
Ryan White PART A Program

**GRIEVANCE FORM**

Name(s): \_\_\_\_\_  
Grievant requests confidentiality:  Yes  No

**How can you be reached?**

Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of the RW funded Agency: \_\_\_\_\_  
Address of the Agency: \_\_\_\_\_

**Summary of Grievance (Please attach additional pages, if necessary):**

Date of occurrence: \_\_\_\_\_

Description of the issue/ problem encountered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summary of Action Taken by Grievant to Date (Attach additional pages, if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supporting Documentation (Attach supporting documents)**

Paperwork relative to action taken place to date are attached:  Yes  No

If "No", explain why not: \_\_\_\_\_  
\_\_\_\_\_

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Investigation may require grantee to obtain access to grievant's confidential information.  
If this may be the case, grievant should fill out the release form attached..

**This form should be mailed or faxed to:**

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Dutchess County Department of Health  
Ryan White PART A Program

**Grievance Procedure: Client Information Release Form**

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to  
(Grievant) (Agency/ies)

release/obtain such information from my records as may be necessary to address the grievance I have filed for dispute resolution under the Dutchess Grantee's Grievance Procedures. I understand that the information provided to the mediating body(ies) shall remain confidential and shall not be discussed outside of the process nor disclosed to any individual not named as a participant in the process.

Signature

Date