Grievance/Complaint Acknowledgement Form

Any person receiving services and supports from [AGENCY] will not be discriminated against because of their gender, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity. You are also entitled to rights and staff here are to honor your rights.

- ✔ You are entitled to be treated fairly in all respects and will not be treated differently from others based on the factors listed above.
- ✔ You have the right to live in a healthy and safe environment.
- ✔ You should have the opportunity to exercise all of your rights.

If you feel that you have been denied any of the opportunities described above, have been discriminated against, or want to report any other incident or complaint you may do so at any time. If you disagree with an action of a staff member, this may also be a complaint or a grievance. You will not be penalized in any way for initiating a complaint/grievance and all grievances will be handled confidentially.

To report an incident or complaint you may do any of the following:

1. Talk to any staff.
2. Talk to the Administrator: _____
3. Talk to family or friends.

If you have a disagreement with another person who receives services and supports, you may use one of the following methods to solve the problem:

1. Go to the resident and talk about the problem.
2. Ask a staff member to help solve the problem.
3. Ask the Administrator to find an outside person to talk to both of you and help reach an agreement.

If you are dissatisfied with the action taken or proposed, you can have staff assist you in completing the grievance form to have more formal action taken. All written grievances/complaints will be resolved by the program within 30 days after receiving the form. You have the right to contact any of the following:

Regional Center
Address/Phone Number/Email
Your Service Coordinator's direct phone number will be kept in your file and staff can assist you in dialing it.

Community Care Licensing Division
Address/phone number/email

Clients' Rights Advocate
Address/Phone Number/Email