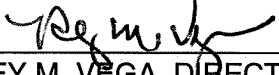


<b>Guam Behavioral Health and Wellness Center</b>		
<b>TITLE:</b> Consumer Complaint Process	<b>POLICY NO.:</b> AD-21	Page 1 of 4
<b>RESPONSIBILITY:</b> Clinical Program		
<b>APPROVED BY:</b>  REY M. VEGA, DIRECTOR	<b>EFFECTIVE:</b> 4/19/2017	
	<b>LAST REVIEWED/ REVISED:</b> NOV 06 2017	

**PURPOSE:**

- A. To promote consumer's access to high quality services by responding to consumers' concerns in a sensitive and timely manner.
- B. Provide consumers with an easily accessible, problem resolution process for resolving issue whenever possible

**POLICY:**

- A. Guam Behavioral Health and Wellness Center (GBHWC) is committed to listening to consumers and other stakeholder's complaints and responding in a fair, timely and respectful manner. All complaints will be given due consideration without reprisal, discrimination and barriers to services. Complaints shall be given action or address within ten (10) working days.
- B. GBHWC actively informs consumers of their right to register complaints (verbal or written), rights to access an advocate or other assistance through the Guam Protection and Advocacy Office and seek resolution. This information is accessible and printed in the Consumers Rights and Responsibilities Statement or Notice of Privacy Practices. *(reference: CL-38 Consumer Orientation)*
- C. All aspects of complaint will be handled in confidence. However if the complaint involves allegations of illegal or unethical behavior, information may need to be shared with external authorities.
- D. The GBHWC Director will be the last level of internal review for all consumer complaints. Any decision made by the director shall be deemed final. If the consumer is not satisfied with the resolution he/she will be advised of her/his options and right to start litigation.
- E. Complaints deemed a risk to the Department are brought forward to the Risk Management Officer
- F. Anonymous complaints shall be investigated on a case by case basis and when enough information is available and reported accordingly.

**RESPONSIBILITIES:**

Department Heads: shall be the primary person responsible for tracking, reporting and monitoring consumer complaints. Responsibilities include;

- A. Shall keep track of all the complaints filed in their division, and shall address the complaints within 10 working days.
- B. Shall keep and maintain a centralized log of all; complaints and grievances. This log shall contain at least the following;
  - 1. Name of consumer

2. Date of receipt of the complaint
  3. Nature of the complaint or problem
  4. Final disposition
  5. Date of written decision sent to the consumer or documentation of final disposition.
- C. A report of all the complaints log and summary shall be submitted quarterly to the Quality Improvement Coordinator in charge of the complaints.

Quality Improvement Coordinator:

- A. Shall collect on a quarterly basis all the complaints report from the different program and prepare a summation of all the complaints to be reported to the Quality Improvement Committee meeting, including the performance measure of addressing complaints within 10 working days.
- B. A written analysis of all formal complaints shall be conducted quarterly by the Quality Improvement Coordinator and shall determine trends, areas needing performance improvement and actions taken.

Risk Management Officer:

- A. Shall investigate all complaints deemed a risk to the Department under the direction of the Director.

Quality Improvement Committee

- A. Shall determine trends and identify areas needing performance improvement from the quarterly report submitted by the Department Heads.
- B. Shall provide a summary report and analysis of all formal complaints to the director annually.

**DEFINITIONS:**

1. Appeal: A request for review of an action, which denies, reduces, suspends or terminates a previous resolution.
2. Formal Complaint: Complaint made in writing.

**PROCEDURE:**

To provide maximum support to the staff- consumer relationship, the complaint resolution process begins with the involvement of the staff person who provided service, unless this is not in the best interest of the consumer.

**Step 1: Receiving a Complaint**

- A. If the staff providing service receives the complaint, the consumer should be offered the earliest opportunity to discuss their concern(s) with their primary counselor or social worker.
- B. If the complaint is received by any staff member other than the staff providing service, the consumer should be directed to the staff providing service with an explanation of GBHWC policy.

- a. If the complainant is reluctant to speak directly to the staff providing service they should be referred to that staff immediate supervisor or program manager. The staff should be alerted to the existence of the complaint.
- C. In hearing a complaint the staff being complained at may decide to involve or consult their manager at any stage. This option should be taken if the consumer brings an advisor.
- D. If the complaint is handled to the mutual satisfaction of the complainant and the person providing service, the complaint and resolution is documented on the *Complaint Form F-AD-21* and *Complaint Response Form F-AD-22*. Once the form is completed a copy is forwarded to the supervisor or Department Head of the person providing services.

**Step 2: Discussion with a Manager/Supervisor**

- A. If the primary counselor or social worker of consumer is unable to resolve a complaint, the complainant is offered the opportunity to speak with the manager.
- B. The preferred method is to have the manager contact the consumer as soon as possible after consulting with the involved staff.
- C. If a complainant contacts a manager/supervisor to complain about the staff or about the service provided, the manager should hear the complaint, but offer no action without discussing the matter with the staff person involved.
- D. From the point a manager takes a call from a complainant or contacts the complainant about a complaint, a meeting between the manager and complainant should be offered within five (5) working days.
- E. The staff being complained at and the manager should jointly plan the response to the consumer's complaint.
  - a. Whenever possible the plan should support the integrity of the consumer- staff relationship and unless contraindicated, the staff person involved should be present at any meeting between the manager and complainant.
- F. The role of the manager is to resolve the matter to the satisfaction of the complainant and staff involved or, failing this, to inform the complainant of their right to appeal and seek resolution through a meeting with the director.
- G. A letter must be sent to the complainant within two (2) weeks of the meeting. The Director is informed of the complaint and the resolution or lack of resolution.

**Step 3: Appeals Process/Meeting the Director or Designee**

- A. If the complainant is not satisfied with the response from the manager, the complainant may take the complaint and appeal to the Director.
- B. The Director is alerted immediately if the complainant wishes to pursue the case and appeal the decision of the Manager to the Director. A copy of the completed *Complaint*

*Form F-AD-21* and the *Complaint Response Form F-AD-22* shall be completed and submitted to the Director.

- C. If requested, the Director or designee will meet with the complainant one (1) week of receiving the request or the earliest possible time both parties can schedule a meeting.
- D. Prior to the set meeting, the Director or designee will contact the manager and the staff involved and seeks any necessary consultation or conduct an investigation. Whenever possible the Director or designee will attempt to involve the staff and manager in the planning process and may invite one or both to the meeting.
- E. The Director or designee will attempt to resolve the problem with the complainant. Within two (2) weeks of the meeting, the director or designee shall send a letter to the complainant setting out any agreement reached, or failing this, the Director's decision regarding the complaint.
- F. In instances where there is an allegation of criminal or serious ethical breach of conduct by GBHWC personnel, the Director may waive the requirement to inform personnel until legal and/or police advice is sought and may continue to refrain from informing the person during the course of an investigation providing there is no breach of a legal or contractual standard.

**Documentation**

- A. All consumers with a complaint shall formally fill up the *Complaint Form F-AD-21* and shall be assisted if necessary by the staff receiving the complaint.
- B. All complaint forms must be forwarded to the appropriate Manager or Division heads for filing and for action.
- C. *Complaint Response Form F-AD-22* shall be completed by the Supervisor/Manager for any actions taken to resolve the complaint.
- D. The complaint file (includes all documentation, correspondence, resolution and follow up) should be maintained by the Manager/Division Heads.
- E. A quarterly report of all complaints shall be forwarded to the Directors and reported in the Quality Performance Improvement Committee monthly meeting.

**ATTACHMENTS:**

- A. *F-AD-21 Complaint Form*
- B. *F-AD-22 Complaint Response Form*

**REFERENCES:**

**SUPERSEDES:**

- A. CASD Grievance Protocol; 8/10/2012 / Wilfred Aflague
- B. Consumer's Procedure for Grievance; 1/8/91 Marilyn Wingfield



## Consumer Complaint Form

Please complete all of this form, sign and date it. Use the back of this page if you need to. You will receive a written or verbal response within 10 working days from the date of this form. If you do not agree with the response, you have the right to ask us to change the findings by filing an Appeal. The next page tells you how to do this.

<b>Consumer or community member Information filing the complaint</b>	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Date of Complaint:</b>	
<b>Designation:</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other:	
<b>Contact Info: Mailing address :</b>	
<b>Telephone No:</b>	
<b>Complaint information: Please tell us what happened. When did it happen? Who was involved?</b>	
<b>Date and Time of Incident</b>	
<b>Complaint Issues: ( Use back page for additional space)</b>	
<b>Solutions Sought by Consumer or Community Member: (Use back space for additional space) ( note the solutions the complainant is seeking to each of the issues listed above)</b>	
<b>Complaint Background: (brief description of client's circumstances and situation leading to complaint)</b>	
<b>Witness (es)</b>	

(If necessary please use additional space on the back side of this form)

Is this an emergency? Yes  No  (please check one of these boxes)

You can file this complaint one of two ways:

1. Give the completed Complaint Form to your therapist or the receptionist at the clinic where you receive services.
2. Mail the completed Complaint Form to Guam Behavioral Health and Wellness Center 790 Gov. Carlos G. Camacho Rd. Tamuning, GU 96913



**COMPLAINT RESPONSE FORM**

**FOR OFFICIAL USE ONLY**

**Complainant Name:** \_\_\_\_\_ **Date and Time of Incident** \_\_\_\_\_

**Date Complaint Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

<b>ACTIONS TAKEN</b>		
<input type="checkbox"/> <b>Step 1 Process</b>	<input type="checkbox"/> <b>Step 2 Process</b>	<input type="checkbox"/> <b>Step 3 Process</b>
<b>Date:</b>		
<b>Staff Involved:</b>		
<b>Notes:</b>		
<b>Outcome:</b> <input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved <input type="checkbox"/> Next Step <b>Date:</b>		
<b>Recommendation:</b>		

**Staff** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Program Head/Administrator** \_\_\_\_\_

**Director:** \_\_\_\_\_

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure


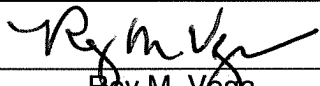
Submitted by: QI Coordinator

Protocol/Form

Policy No: AD-21

Bylaws

Title: Consumer Complaint Process

<input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	<b>Date</b>	<b>Signature</b>
	11/6/17	
	<b>Name Title</b>	Cydsel V. Toledo Quality Improvement Coordinator
<input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	<b>Date</b>	<b>Signature</b>
	NOV 06 2017	
	<b>Name Title</b>	Rey M. Vega Director