



Individual Grievance

Purpose

It is the policy of ATLANTA QUALITY CARE SOLUTIONS (AQCS) that all services provided to clients will be carried out in an environment that is supportive, confidential and respectful of the individual. ATLANTA QUALITY CARE SOLUTIONS (AQCS) will be accessible and will maximize the individual's ability to make informed choices in relation to their lives.

Policy

The grievance policy for individuals is designed to facilitate effective service delivery. Each individual will be required to sign an Individual Grievance Signature form (Appendix J) stating they have received a copy of the Individual Grievance policy.

Procedures

Section I

If any person believes that a member of ATLANTA QUALITY CARE SOLUTIONS (AQCS) staff has violated any one or more of the Individual Rights, misinterpreted or misapplied the terms of the service agreement, he/she may bring forward a grievance to the Individuals Rights Officer.

Terms and Conditions

Terms: The terms contained herein shall be defined as follows: *Terms:* The terms contained herein shall be defined as follows:

1. **Grievance:** A complaint by one or more clients of an alleged violation, misinterpretation or misapplication of the terms of the service agreement between ATLANTA QUALITY CARE SOLUTIONS (AQCS) and its client.
2. **Representative:** Someone of the client's choice to represent them.
3. **Individuals Rights Officer:** The Team Leader or Clinical Director of ATLANTA QUALITY CARE SOLUTIONS (AQCS).

Grievant: An employee/independent contractor or any client of the ATLANTA QUALITY CARE SOLUTIONS (AQCS) program.

Conditions:

Individual Name: _____ Insurance Number: _____ Date: _____



1. If a grievance is not filed within twenty (20) working days of the date the grievant knew or should have known of the occurrence-giving rise to the grievance, it shall no longer exist.
2. Nothing contained herein shall interfere with the rights to meet voluntarily with the Family and Community Individual Rights Officer.
3. The ATLANTA QUALITY CARE SOLUTIONS (AQCS) Individual Rights Officer shall be available to assist the complainant in the filing of the grievance.
4. The parties may, upon mutual agreement in writing, extend the time limits of the grievance procedure.
5. ATLANTA QUALITY CARE SOLUTIONS (AQCS) staff member who is being grieved against shall not be involved in assisting the complainant to complete the grievance, shall not be involved in the investigation of the process, and shall not be involved in the resolution of the grievance.
6. In the event that a grievance is directed at ATLANTA QUALITY CARE SOLUTIONS (AQCS) Individual Right Officer, the Program Director or Administrator shall assume the responsibility to investigate the allegation.

Section II

Informal Level

The person who believes he/she has a valid basis for client inquiry or grievance may discuss the matter informally and on a verbal basis with the ATLANTA QUALITY CARE SOLUTIONS (AQCS) Individual Rights Officer, who shall in turn, investigate the complaint and reply with an answer to the complainant within five (5) working days. This communication can occur via T/C or Face to Face by contacting the Individual Rights Officer at the office number: 678-374-2959

Section III

Formal Level

If the client is not satisfied with the discussion and/or resolution at the informal level, the client may file a grievance and initiate the formal procedures in accordance with the following:

A written statement of the grievance signed and dated by the complainant shall be submitted to the ATLANTA QUALITY CARE SOLUTIONS (AQCS) Individual Rights Officer within five (5) days of the informal meeting. The written grievance must include the date, time, description and names of the individuals involved in the situation/incident being grieved. The ATLANTA QUALITY CARE SOLUTIONS (AQCS) Individual Rights Officer, Program Director or Administrator shall further investigate the matters of the grievance and reply in writing to the complainant within five (5) working days.

Written Statement can be submitted in person or addressed to the main office location: 1990 Old Parker Rd., Suite 100 Conyers, GA 30094

Section IV



Appeal Level

If the client is not satisfied with the resolution at the previous level, he/she may appeal the decision to the State of Georgia Department of Community Health – Healthcare Facility Regulations at 404-657-5700 in accordance with their policy and procedures.

Individual Name: _____ Insurance Number: _____ Date: _____



Individual Grievance Policy Receipt & Acknowledgement Signature Page

My signature below certifies that I have read **AND** understand the **Individual Grievance Policy** as a participant in Atlanta Quality Care Solutions (AQCS) treatment programs. I was also provided a copy of AQCS's **Individual Grievance Policy**.

Individual's Signature

Date

Individual's Name (Print)

Staff Signature w/ credentials

Date

Individual's Name (Print)