



San Mateo County STD/HIV Program
Client Services
Client Grievance Procedure

1. A client is defined as someone who has requested services, has been determined to meet the basic eligibility requirements, and has completed the intake and registration documents required for all San Mateo County STD/HIV Program clients.
2. The client should try to resolve any disagreement - including dissatisfaction with any decision, any service or information provided, or allegation of discrimination or mistreatment - directly with the staff member or volunteer. This should be arranged immediately if at all possible. If follow-up is necessary by phone or by an appointment, such follow-up will be done within 14 days.
3. If that does not resolve the situation, the client should ask to speak with the staff member's or volunteer's immediate supervisor. This should be arranged immediately if at all possible. If follow-up is necessary by phone or by an appointment, such follow-up will be done within 14 days. Clients should be encouraged to submit a grievance in writing. However, a client may file a formal grievance orally. If filed orally, the agency should summarize the grievance in writing and, if possible, obtain the client's signature. A copy should be made for the client. The agency will maintain written records of all grievances including the final resolution of each complaint. The grievance must be filed within one year of the date of the incident.
4. If this fails to resolve the situation, the client should schedule an appointment with the San Mateo County STD/HIV Program Client Services Coordinator for resolution. All appointments will be scheduled within 14 days of a request for a meeting.
5. If this fails to resolve the situation, the client may make an appointment with the Director of San Mateo County STD/HIV Program for a final resolution of the grievance. All appointments will be scheduled within 14 days of a request for a meeting.
6. It is the responsibility of the Director of San Mateo County STD/HIV Program to designate a person within the agency who will be responsible for tracking grievances and overseeing the grievance process to ensure client access, promptness, and resolution of the grievance based on the agency grievance procedure.
7. The resolution of the grievance will be noted in the client's chart. A client will be provided with copies of documents relevant to his or her grievance to the extent that the documents are not confidential and/or legally protected from disclosure. Clients may be required to pay a reproduction charge for this service but this charge will be waived if financial hardship can be demonstrated and if the quantity to be reproduced is reasonable. Resolutions will be completed within reasonable time frames but no longer than 30 days from the date of receiving a grievance unless there are documented reasons by either the agency or the client.
8. Any trends in client dissatisfaction will be noted and tracked as part of quality improvement.
9. Clients who file a grievance will not be denied a service or be retaliated against solely due to their filing.
10. Use of the grievance procedure does not replace any existing avenues of review or redress provided by law.



11. Clients have a right to a representative of their choice, if they wish to have one, at any time during the grievance process to act as an advocate and observer. A representative might be a friend, other client, support person, family member, or formal advocate.
12. The identity of the grievant will be kept confidential to the extent possible while enabling the agency to investigate the grievance.
13. Grievances may be filed outside the San Mateo County STD/HIV Program by the client at the following agency:

HIV Consumer Rights Advocate
1540 Market St., Suite 301
San Francisco, CA 94102
Phone: (415) 863-8131
Fax: (415) 863-0831
Email: advproj@pacbell.net

14. Once contacted by the HIV Consumer Rights Advocate, and upon written consent from the client, the San Mateo County STD/HIV Program will contact the HIV Consumer Rights Advocate within a reasonable time period.

I acknowledge receipt of the San Mateo County STD/HIV Program Client Grievance Procedure.

Client Signature

Date