

Aging and Disability Services Home Safe Program Grievance

Grievance Process

You¹ have the right to file grievance. A grievance is an expression of dissatisfaction about any matter except an “adverse benefit determination.” Grievances include, but are not limited to:

- The quality of care of services provided. For instance, if staff are rude or disrespectful.
- If you feel staff do not respect your rights.
- We did not authorize and/or provide the services you requested.

Reporting A Grievance

You can report with a **written complaint**, or by completing the **Grievance Form** and mailing it to

Vianca Napoles

2000 Alameda de las Pulgas Suite 210,

San Mateo, CA. 94403

or

You can make a verbal report to Vianca Napoles, Community Program Analyst by calling 650-421-6596 or a Social Work Supervisor by calling Aging and Disability Services toll-free number at 1-844-868-0938. ADS staff can help you complete the form and guide you through the grievance process. This includes support services such as interpretation services.

What happens after I report a Grievance?

You will not be discriminated against by filing grievance.

ADS will review your grievance within 30 calendar days. ADS will use all submitted documentation along with the California Department of Social Services (CDSS) and program guidelines to decide.

- ADS will mail you an Acknowledgement letter within 10 business days of receiving your grievance.
- ADS will email you a Letter of Resolution within 30 business days from the date of the Grievance.

ADS ensures the people who decide on your grievance will be:

- People with the right skills and training to understand your conditions or needs.
- People who were not involved in any earlier decision about your case.
- People with knowledge of program eligibility.

All Grievances are presented to the Health Services Manager for review and final resolution.

¹ In this context *you* mean you or your authorized representative.



If you do not have a Grievance Form or need the form in your preferred language, **you can request one by calling 650-421-6596.**

Si no tiene un Formulario de Queja o necesita el formulario en su idioma de preferencia, **puede solicitarlo llamando al 650-421-6596.**

Kung kailangan mo ng form para magbigay ng inyong hinaing o kailangan mo ang form sa inyong sariling wika, **makukuha mo ito kung ikaw ay tumawag sa (650) 421-6596.**

如果您沒有意見書或您所需相關語言的意見書，**請聯系 650-421-6596向我們索取您所需要的意見書。**

Если у вас нет формы жалобы или вам нужна форма на предпочитаемом вами языке, вы можете запросить ее, **позвонив по телефону 650-421-6596.**



Grievance Form

Client Information

Name	
Date of Grievance	
Street Address	
City, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address (if applicable)	

Reason for Grievance

Which of the following categories best describes the reason for your grievance?

- | | |
|---|--|
| <input type="checkbox"/> Dissatisfaction with the quality of services | <input type="checkbox"/> Poor communication |
| <input type="checkbox"/> Timeliness of services (i.e., delayed service) | <input type="checkbox"/> Lack of culturally competent services |
| <input type="checkbox"/> Unexpected changes in services | <input type="checkbox"/> Other |

If answer was Other, please explain:



Description of Grievance

Please provide an objective description of the grievance, including the date of the event, any steps taken to resolve the grievance, and direct quotes when possible.

Persons involved in Grievance

Please list the names of those involved in your grievance/complaint. If more than one person, there has been enough spaces in the table below.

1. Name of person	
2. Name of person	
3. Name of person	

Office Use Only

Date Received	
Date Reviewed	
Staff Name(s) who reviewed	