

Bethany Christian Services Client Grievance/Formal Complaint Policy and Procedure

POLICY

It is the policy of Bethany Christian Services (Bethany) and its subsidiaries to provide a process for clients to express and receive a response to grievances or formal complaints they have regarding services provided.

PROCEDURE

Client Right and Access to Submit a Grievance/Formal Complaint

1. Clients have the right to submit a grievance/formal complaint without interference or retaliation.
2. Clients will be informed of the Client Grievance/Formal Complaint policy at the beginning of service delivery or at the time a contract for services is signed, whichever applies.
3. A copy of the Client Grievance/Formal Complaint Policy and Procedure will be made available to all clients through the branch offices and/or through the appropriate service portal.
4. Youth placed in out-of-home care through the Unaccompanied Children (UC) program may obtain assistance in drafting a written grievance from another youth, Bethany staff member, family member, or legal representative.
5. The grievance procedure may also be used by youth in out-of-home care in the Unaccompanied Children (UC) program to report sexual abuse or harassment, and inappropriate sexual behavior. Grievances involving an immediate risk of harm to youth shall be responded to immediately by the program supervisor/director or branch director, who will determine the appropriate course of action.
6. All other youth in out-of-home care through Bethany are provided with client rights and complaint procedures consistent with state and local licensing requirements.

Submitting a Grievance/Formal Complaint

7. When a client submits a written or verbal grievance/formal complaint, staff will provide the client with a copy of the grievance form or will assist the client in filling out the form if needed.
8. A written grievance/formal complaint will be submitted to the branch director or the designated staff member, who will ensure that at least one level review occurs without the involvement of staff involved in the complaint.
9. All efforts are made to resolve client grievances/formal complaints at the branch level.

Receipt of Grievance/Formal Complaint and Initial Meeting

10. The branch director or designated staff member will acknowledge the grievance/formal complaint within five (5) business days. A meeting, interview, or conference call will be scheduled with the client to hear identified grievances/formal complaints.
11. At the meeting, the client, any witnesses, and/or staff may present and establish facts and evidence relevant to the grievance/formal complaint and/or discuss, question or refute information presented.
12. A report of the meeting will be submitted to the Regional Director, which includes the decision and reasoning, within five (5) business days of formal decision.
13. The client will be provided with a copy of the formal decision and reasoning in writing within 30 days of receipt by branch,

Appeal of Decision to Agency

14. If the client is dissatisfied with the decision, they may submit a written request within ten (10) business days for a review by the Regional Director which will be scheduled in person or via conference call.
15. The Regional Director will arrive at a final decision within fifteen (15) business days of the appeal meeting, and provide a formal copy of the decision to the client. The CEO/President or other relevant staff may be consulted as needed.

Record Keeping

16. Original records of all meetings will be kept on file at the branch office in the client's file, with a copy submitted to the National Director of Quality Services for quarterly review by the Performance and Quality Improvement (PQI) team.
 - a. The PQI team reviews all grievances/formal complaints on a quarterly basis in effort to improve services.
 - b. The Director of Quality Services must report formal complaints related to international adoptions on a semi-annual basis to the Council on Accreditation and the U.S. State Department.

Appeal of Decision Outside of the Agency

17. When government funding supports the service/program or if the client believes the decision is against state regulations or requirements, the client will be informed of his/her right to appeal to the relevant state office (typically, the Department of Human Services or the state Attorney General).
18. If the grievance/formal complaint is related to an Intercountry Adoption, clients have the right to file a complaint with The Hague Registry at the U.S. State Department, Bureau of Consular Affairs -
http://adoption.state.gov/hague_convention/agency_accreditation/complaints.php

**Please note: Both grievances and formal complaints are used in this policy as the Council on Accreditation uses the term grievances for all programs and services, and The Hague Convention and U.S. State Department utilize the term complaint for intercountry adoptions. With either use of these words, this policy is meant to address grievances and formal complaints.*

Replaces Consumer Grievance Procedure (approved/revised 1998, 1995, 2003, 2006, 2009)

COA: ETH 1, CR 1, CR 3, RPM 2

Hague: 96.41 (a-h)

ORR Guide to Children Entering the United State Unaccompanied: Section 4

APPROVED: 05/17/1988 by National Board of Directors

REVISED: 05/23/2995

REVISED/APPROVED: 04/07/2003 by Leadership Team

REVISED/APPROVED: 06/16/2006 by TQM Committee

REVISED/APPROVED: 11/14/2012 by Performance and Quality Improvement Team

Revised/Approved: 9/14/2017 by the PQI Committee

Revised/Approved: 10/31/2017 by the PQI Committee

**Bethany Christian Services
Client Grievance/Formal Complaint Form**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Service Location: _____

- Program:**
- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Adoption - | <input type="checkbox"/> Domestic Infant | <input type="checkbox"/> Intercountry | <input type="checkbox"/> Older Child |
| <input type="checkbox"/> Foster Care | | <input type="checkbox"/> Family Preservation | |
| <input type="checkbox"/> Expectant Parent Counseling | | <input type="checkbox"/> Family Counseling | |
| <input type="checkbox"/> Youth Services | | <input type="checkbox"/> Other _____ | |

Please provide a brief summary of your grievance/complaint: (attach additional sheets if needed)

How can your grievance/complaint be satisfactorily addressed? _____

Please submit this grievance/complaint to your local branch office.

For Office Use ONLY

Date Rec'd _____ by _____ Initial meeting date: _____

Forwarded to DO _____ Follow-up meeting date (if applicable) _____

Copy to Director of Quality Services _____