



## CORNUCOPIA ADULT AND FAMILY SERVICES



### Participant Grievance Policy and Procedure

You may file a complaint if anyone is punishing you, treating you wrong, not taking in care of your needs, making fun of you, or hurting you in any way. You may also file a complaint if you see that someone else is not being treated right. You should never be forced to do something that you do not want to do. You should never be afraid to ask for help and should never be unable to try something that interests you, as long as it is safe. You should always feel like you can talk to someone about things that are bothering you without worrying about what they will think of you or that they will be mad at you or make you feel like you've done something wrong.

#### **POLICY:**

Your Cornucopia Service Coordinator will be responsible for giving you and/your legal representative a copy of the Cornucopia Adult and Family Services' Client Grievance Policy and Procedure. They will make sure it has your signature and/or the signature of your legal representative, indicating you have read the policy. **The original copy shall be kept in your Cornucopia Participant file.** The policy will be presented to you and/or your legal representative within 30 days of starting services with Cornucopia and annually during your ISP meeting. This document must be signed and kept in your participant file. The policy will be **reviewed with you each year or in the event that it is revised. You may request a copy for your records at any time.**

#### **PROCEDURE:**

##### **If the problem is with Cornucopia Adult and Family Services**

1. The client and/or legal representative should attempt to solve the problem utilizing verbal or written communication with your Cornucopia Service Coordinator. The Service Coordinator has the responsibility to follow up on the concern **within 48 business hours.**
2. If you are unsatisfied with the result that the Service Coordinator has reached, you have the right to file a formal grievance by completing a *Complaint/Grievance Form* which will be reviewed by Cornucopia's Consumer Rights Officer. **Within 48 business hours** of review, the Consumer Rights officer will contact the clients and all parties involved.
3. The client and or/ legal representative may request a grievance meeting, mediated by the Consumer Rights Officer, to discuss/develop a plan of resolution. The Consumer Rights Officer will record meeting minutes and provide a copy of said minutes to you, your legal representative, and all parties involved. The meeting minutes will have a action plan and timelines in which to resolve the grievance.

##### **If the problem is with someone outside of Cornucopia Adult and Family Services**

1. The client and/or legal representative should inform your Case Manager if there is a problem with the services provided or with provider staff.
2. Your Service Coordinator will be there to advocate for you and assist in reaching a solution. If you are filing a grievance utilizing another provider services grievance policy, your Service Coordinator will help you and/or your legal representative follow that process.
3. You have a right to change any provider service if are not satisfied with any solution. The client must request a *Freedom of Choice Form* from the Service Coordinator.
4. Your Cornucopia Service Coordinator will provide and assist you in filing an outside grievance if necessary.

**You are "free from retaliation." When you talk to someone, the information you share should not be told to anyone else, unless that someone thinks you are in harm. You will not get in any trouble or be treated different if you tell someone.**

I, \_\_\_\_\_ (print name), I understand and have read and/or discussed the Participant Grievance Policy and Procedure with Cornucopia staff. I was also able to ask questions and was offered a copy of the this policy and procedure for my records.

**THIS POLICY IS VALID FROM \_\_\_\_\_ UNTIL \_\_\_\_\_.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant/Caregiver/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Cornucopia Staff (Witness) Signature

Date: \_\_\_\_\_