CBS

CALIFORNIA
BENEFITS SUPPORT
CENTER

Client Grievance and Complaint Policy

Purpose:
California Benefits Support Center (CBS) is committed to providing high-quality services to all clients. However, we recognize that there may be occasions when clients are dissatisfied with the services or treatment they receive. This Client Grievance and Complaint Policy aims to provide a formal process for addressing and resolving client concerns promptly, fairly, and consistently.

Policy Statement:

We value feedback from our clients and view grievances or complaints as opportunities to improve our services. All grievances or complaints will be treated confidentially and will be investigated without bias. We are committed to resolving issues efficiently and respectfully, ensuring the best outcome for both the client and the organization.

Definition of a Grievance or Complaint:

A grievance or complaint is any formal expression of dissatisfaction from a client or their representative regarding the services, treatment, or experience provided by CBS. This may include, but is not limited to:

- Service quality or accessibility
- Staff behavior or conduct
- Unmet expectations in program delivery
- Discrimination, harassment, or unfair treatment
- Any situation where the client feels their rights have been violated

Non-Retaliation Clause:

Clients who file grievances or complaints will not face any form of retaliation or negative consequences for raising their concerns. Any form of retaliation will be addressed and may result in corrective actions, including disciplinary measures against staff.

Grievance and Complaint Procedure

1. **Informal Resolution (Optional):**
   Whenever possible, we encourage clients to attempt an informal resolution of their concern by discussing the issue directly with the staff member involved or with their program supervisor. Many concerns can be resolved quickly without needing a formal grievance process.

2. **Filing a Formal Grievance or Complaint:**
   If the issue cannot be resolved informally or the client chooses not to pursue an informal resolution, they may file a formal grievance or complaint. Clients can submit grievances in the following ways:
   - **Verbally:** By speaking with a staff member, program manager, or the designated complaint officer.
   - **In Writing:** By completing the **Client Grievance Form** (see below) or submitting a written letter or email detailing the nature of the grievance.

   Submission Options:

   - In person at the organization's office
   - By email: admin@cabenefitssupport.com
   - By mail: CBS 620 W 16th Street Suite B, Long Beach CA 90813
3. **Acknowledgment of Grievance (Within 5 Business Days):**
   Upon receipt of the grievance or complaint, the organization will acknowledge the complaint in writing (or verbally if appropriate) within five (5) business days. This acknowledgment will outline the next steps in the investigation process.
4. **Investigation Process (Within 10 Business Days):**
   A designated staff member (such as the grievance officer or program supervisor) will conduct a thorough investigation of the grievance. This may involve interviews with the client, involved staff, witnesses, and reviewing relevant records or documentation. The investigator will maintain an objective and impartial approach throughout the process.
5. **Resolution (Within 20 Business Days):**
   A decision regarding the grievance will be made within twenty (20) business days from the date the grievance was submitted. The client will receive a written response detailing the outcome of the investigation, the decision made, and any actions to be taken to resolve the issue. If the investigation requires additional time, the client will be informed in writing with an expected resolution date.
6. **Appeal Process (Within 10 Business Days of Resolution):**
   If the client is not satisfied with the resolution, they may file an appeal within ten (10) business days of receiving the decision. The appeal should be submitted in writing to the Executive Director or designated board representative. The appeal must provide reasons why the original resolution was unsatisfactory.

   The Executive Director or designated board member will review the appeal and issue a final decision within fifteen (15) business days. The decision on the appeal is final and binding.

Client Grievance Form

Client Information:

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email:** _____

Date of Grievance Submission: _____

Grievance Details:

- **Date(s) of Incident:** _____
- **Location of Incident:** _____
- **Description of the Grievance/Complaint (Please provide as much detail as possible):**

  _____
  _____
  _____
  _____

  (Attach additional pages if necessary)

Names of individuals involved (if applicable):

Have you tried to resolve the issue informally? If yes, please describe what steps were taken and the outcome:

Desired Outcome:
What action or resolution are you seeking?

Client Signature: _____
Date: _____

For Office Use Only:

- **Date Grievance Received:** _____
- **Investigator Assigned:** _____

- **Investigation Start Date:** _____
- **Investigation End Date:** _____
- **Resolution Date:** _____
- **Outcome:** _____

Confidentiality:

All grievances and complaints will be treated with the utmost confidentiality, and information will only be shared on a need-to-know basis during the investigation and resolution process.