

Participant Grievance Policy and Procedure

This policy and procedure outlines the steps by which a client may seek resolution to a grievance within PATH programs.

When a client has a grievance the proper reporting protocol is as follows:

1. The client is to first discuss the issue with their assigned staff member (i.e., case manager, employment specialist, housing navigator, etc.). If the assigned staff member is not available, the client should bring the information to program management.
2. If the issue being discussed pertains to their assigned staff member, the client should bring the information to program management. An. If the issue is not resolved from the initial discussion, the following steps should be taken in the order outlined below:
3. A request in writing, using the designated grievance form, needs to be submitted to the:

SPA 8 Associate Director-Courtney Reed (courtneyr@epath.org or 323-547-1075)
 SPA 7 Associate Director- Bianca Hunter (biancah@epath.org or 323-472-0539)
 SPA 5 Associate Director- Ashely Barrett (ashleyb@epath.org or 213-479-4226)
 Outreach Only Associate Director- Lori Kimbrough (lorik@epath.org 323-401-7204)

The Associate Director will investigate the matter, including the gathering of facts, obtaining statements from other participants or staff, etc. The client will receive a written decision within 72 hours of receipt of the form. To the extent possible and when appropriate, the Associate Director may meet with the client in person to review the grievance and written decision in a confidential area, which may be identified as a PATH conference room. If the client does not feel they received a satisfactory response/resolution, the next step should include:

4. A request in writing, in the form of a letter, to the **Program Director, Janeth Ventura- SPA 7** (can be contacted at janethv@epath.org or 323-365-9941) or **Kimberly D'amcio– SPAs 5 & 8** (can be contacted at kimberlyd@epath.org or (323-369-1606) explaining the grievance and requesting a meeting to seek resolution. This letter must be submitted to the Program Director within three standard business days of response from the Associate Director. Within three standard business days of receipt of the letter, the client will be invited to meet with the Program Director to discuss the grievance in a confidential area, which may be identified as a PATH conference room. Prior to the meeting, the Program Director will investigate the matter, as described previously. A written decision will be drafted at the time of the meeting with a copy given to the client. If the client does not feel they received a satisfactory response/resolution, the next step should include:
5. A request, in writing, in the form of a letter, to the **Senior Director Haley Fuselier** (can be contacted at haleyf@epath.org or (323- 491-4981) explaining the grievance and requesting a meeting to seek resolution. This letter must be submitted to the Senior Director within three standard business days of response from the Program Director. Within three standard business days of receipt of the letter, the client will be invited to meet with the Senior Director at a mutually agreeable time, to discuss the grievance in a confidential area, which may be identified as a PATH conference room. Prior to the meeting, the Senior Director will investigate the matter, as described previously. A written decision will be drafted at the time of the meeting with a copy given to the client. If the client does not feel they received a satisfactory response/resolution, the next step should include:

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6. The client's right to review the written decision of the Regional Director through a mediation or dispute resolution service. PATH will provide assistance with this step, including referral to mediation and scheduling a mutually acceptable date and time for all parties to meet. PATH will fully participate in the mediation/dispute resolution process and encourages the client to do so as well.

The client may elect to use the following cost-free resolution service:

Office of the Los Angeles City Attorney Dispute Resolution Program
City Hall
 200 North Spring Street, 14th Floor
 Los Angeles, CA 90012
 O: (213) 978-1880
 F: (213) 978-1312
 E: mediate@lacity.org

7. If the client chooses to use the Dispute Resolution Services for mediation for a decision, this mediation will be the final, binding resolution of the grievance with PATH.
8. In the event of a grievance that is filed due to a termination from PATH Services, the termination will be in effect until all procedures have been followed and a final resolution has been made. Client will not be able to access any services within PATH programs if terminated from services. We will provide the client with a referral to other programs if requested at the time case management is terminated. PATH wants to resolve any and all problems concerning client's participation in PATH's programs in a fair, prompt, and efficient manner.

If the client believes PATH has not followed their established Grievance Policy and Procedure in responding to their complaint, the client may choose to contact the Department of Public Health's County-wide grievance line using the information below:

Department of Public Health County-Wide Grievance Contact Information
 Phone number: (888) 700-9995
 Email: DPH-IHP@ph.lacounty.gov

***PATH Staff:** *Please provide a copy of the signed Grievance Procedure to all participants.*

Participant's Initials for received copy: _____

 Participant Name

 Participant Signature

 Date

 Staff Name

 Staff Signature

 Date

(Must be completed by the Program Participant)

Participant Name: _____

Grievance ☐ **Grievance Appeal** ☐

Provide a brief description of your grievance or your termination appeal (attach additional pages if needed):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SIGNATURE: _____ **Date:** _____ **Time:** _____

You will be contacted by PATH staff within Three (3) business days to begin the process to address your concerns. You will be provided with a written determination on this grievance upon completion of the investigation.

FOR AGENCY NAME USE ONLY

Received by: _____ In person: _____ Grievance Box: _____
Signed: _____ Date: _____