

# CONFIDENTIAL

# SeniorsFirst

## **Confidential Client Grievance and Incident Report Procedures**

At Seniors First we encourage feedback and aim to ensure that all staff and volunteers are working toward the best interest of each client we serve. To this effort we have implemented our **Confidential** Client Grievance Policy and Incident Report Procedures.

If you have an incident you would like to report, please complete the Incident Report Form and return it either by mail or by dropping it off at our main office. We will follow the steps below to ensure a speedy resolution. We also welcome any positive feedback. If you have any questions or concerns, please direct them to the Executive Director, Seniors First at:

**2543 Warren Dr, Rocklin, CA 95677 or by calling (530) 889-9500.**

### **Step one: Intake of client comments/complaints**

- The client comments should be as detailed as possible, including names, dates, program name, etc.
- Comments should be written by the client or client representative If
- the client is on the phone, the volunteer or coordinator must read the comments back to the client to ensure accuracy of reporting

### **Step Two: Initial response to the client**

- The client must be informed that they will be contacted within 5 working days.
- Whenever possible, the client should be informed in writing.
- If the response is done by phone, this conversation must be noted on the incident report.
- This step is to be approved by Executive Director.

### **Step Three: Resolution**

- This step must clearly define the resolution of the incident.
- Also, the resolution must report the client clearly agrees with the results.

**Note: All formal client incidents will be reported to the Board. Any incidents that indicate unsatisfactory resolutions may involve action by the Board of Directors.**

**Filing a grievance will not impact your ability to receive services in any way.**

**If the complainant is dissatisfied with the results of Seniors First's grievance review, they may send a written statement including results of Seniors First review to Agency on Aging, Area 4 at 1-916-486-1876 or their website at [www.agencyonaging4.org](http://www.agencyonaging4.org)**

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**Confidential Client Grievance and Incident Report**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Client Comments**

**Initial Response**

Name: \_\_\_\_\_

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

**Resolution**

Name: \_\_\_\_\_

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

**Executive Director Approval**

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_