

SUBJECT:**GRIEVANCE PROCEDURE**

OBJECTIVE: To ensure that consumers may voice a complaint or grievance.

PROCEDURES:

NOTE: Grievances MUST be filed with the Agency prior to filing with the State.

1. All Ryan White Clients will receive a copy of the current grievance procedure. Consumers may voice a complaint or grievance to their Case Manager. The first course to utilize the grievance procedure is with the agency providing the service. If the grievance is not resolved at this level, a grievance procedure is posted on the South Dakota Ryan White web page and in the current Ryan White Application and Information Pamphlet that the client may choose to utilize.

Clients are expected to try to resolve their conflicts on the local level; however, the State Ryan White Program has the responsibility to respond to any grievance for Ryan White services submitted through the State procedure.

2. If clients are unable to resolve the issue, consumers may, within 30 days, file the complaint or grievance in writing to:

Ryan White Part B Program Manager
615 East 4th Street
Pierre, SD 57501

3. The Ryan White Part B Program Manager will respond in writing within 14 days of receipt of the grievance or complaint informing the client of the time and place of a meeting with the Ryan White Part B Program Manager and other appointed Health Department Officials.

**Request for Grievance Resolution Form
South Dakota Ryan White Part B/ADAP Program**

Date: _____

I, _____, am requesting resolution of a complaint filed under the grievance procedures _____, (name of agency) located in _____ (city).

Statement of Grievance

Date of Grievance: _____

Location of Grievance: _____

Names of Involved Parties: _____

Specific Occurrences in Relation to Grievance (include any documentation that may support your grievance):

Prior Attempts to Resolve (please indicate any previous efforts to resolve your complaint including dates and parties involved):

Resolution Sought (please provide a clear statement that reflects the resolution you believe will satisfy your complaint):

Name of Individual (Grievant):

(Print Name)

(Signature)

1. *Submit the original of this form and copies of any supporting documentation to the agency.*
2. *Maintain a complete copy for your personal records.*
3. *Mail a copy of this form and copies of any supporting documentation to:*

*ATTN: Ryan White Program Manager,
615 East 4th Street,
Pierre, SD 57501*