



Grievance Procedure

Objective: The grievance Procedure affords consumers a clear and accessible process to voice a complaint or grievance regarding services received and/or denied through the Ryan White Part B Program.

Note: All complaints MUST be filed with the Community Based Provider (CBO) prior to filing with the South Dakota Department of Health Ryan White Part B Program (SD DOH).

Procedure:

1. Active clients will sign the grievance policy during enrollment or re-enrollment. A signed copy will be kept in the client's file.
2. Clients must first attempt to address and resolve any complaints and grievances with their assigned case manager in accordance with the CBO's grievance policy which is included in their HIV Service Program Client Consent form. Clients sign this form annually during enrollment/re-enrollment in the program.
3. Where attempts to resolve the client's complaint fail at the CBO level, clients may be referred to the SD DOH for final resolution. The grievance procedure and form is posted on the South Dakota Ryan White Part B web page and is included in the current Ryan White application completed through the CBO.
4. Complaints must be submitted to the SD DOH within 30 days of the completion of the CBO review.
5. Consumers should write to:

South Dakota Department of Health
Attn: Ryan White Part B Program Coordinator
1501 S Highline Ave, Suite 3D
Sioux Falls, SD 57110

6. The Ryan White Program Coordinator will respond in writing within 14 days of receipt of the grievance or complaint.
7. The SD DOH has the responsibility to respond to any grievance for Ryan White Services submitted appropriately through the grievance procedure.



DIVISION OF DISEASE PREVENTION & CONTROL

Office of Disease Prevention Services

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):



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Name of Individual (Grievant):

Print Name: _____

Signature: _____

Next Steps:

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

South Dakota Department of Health
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