GRIEVANCE PROCEDURE

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

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

- 1. 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.

I,, have been given a copy of the grievance procedure and the policy and procedure has been explained to me.	
Client Printed Name:	
Client Signature:	Date:
Case Manager Printed Name:	
Case Manager Signature:	Date:

^{**}Copy provided to client.

^{**}Copy sent to State DOH - Ryan White Part B Program Manager

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

Date:	
l,	_, am requesting resolution of a complaint filed under the
grievance procedures	, (name of agency) located
in(city).	
Statement of Grievance	
Date of Grievance:	<u> </u>
Location of Grievance:	
Names of Involved Parties:	
Specific Occurrences in Relation to Grievance	e (include any documentation that may support your grievance)
narties involved):	previous efforts to resolve your complaint including dates and
complaint).	ement that reflects the resolution you believe will satisfy your
Name of Individual (Grievant):	
(Print Name)	 (Signature)

- Submit the original of this form and copies of any supporting documentation to the agency.
 Maintain a complete copy for your personal records.
 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