**CLIENT GRIEVANCE POLICY, PROCEDURE & FORM**

The leadership of WMMHC is responsible for ensuring clients have a good experience while participating in services provided by WMMHC. If we fall short of your expectations, we would appreciate an opportunity to address your concerns.

In addition to our goal that our clients receive empathetic, respectful, and impactful care, you *also have a right* to have your grievances addressed. This grievance policy, procedure, and form is the method by which you may have your concerns addressed when you believe your rights have been violated. We encourage you to try to resolve your concern informally with a staff member you trust. If it is not possible to reach a satisfactory resolution informally, please feel free to complete this form and deliver it in person or by mail to WMMHC’s Administrative Offices, 1321 Wyoming St. Missoula, MT 59801. You may also ask a staff person to complete this form for you, which will receive the same prompt attention.

If receiving services for Mental Health and your grievance relates to this type of service, you have the option to contact the Board of Visitors -- they can be reached at 406.444.5278

**Client Name** (Please print):

# Program/Service:

I believe that my client rights have been violated as part of my interactions with the Western Montana Mental Health Center. I have tried to resolve my grievance informally with staff and did not reach a satisfactory resolution. I wish to report this violation formally and have my allegations investigated by the agency.

Following is my description of what happened including the staff involved, the specific right that I believe has been violated, date(s), time(s) and what action I recommend to address my concern:

 (Please use additional space as needed)

I understand that I will be advised in writing of the results of the investigation, and that I have the right to appeal the decision regarding my grievance without fear of reprisal.

# Prepared by (signature):

**Date**:

# CLIENT GRIEVANCE

# Procedure

Western Montana Mental Health Center (WMMHC) has established a grievance procedure for clients who believe their rights have been violated by the Center or one of its employees or contractors.

If a client believes his/her rights have been violated by the staff or programs of WMMHC, the client may use the following steps, enlisting the help of staff when and where necessary:

1. Discuss the alleged rights violation with the staff person involved. Open and frank discussion between the two parties can often lead to a clarification of perspectives and a resolution of any misunderstandings. Both client and staff may ask a support person/advocate to attend. This discussion will also help clarify whether the concern relates to a potential rights violation, and therefore whether it is subject to this procedure. All parties should refer to WMMHC’s list of client rights.
2. If this first step is taken and a client believes it has not resolved the situation, the client is entitled to an investigation of their grievance by a senior staff member at the location of service where the violation is alleged to have occurred. We recommend that a request for an investigation:
3. be filed as soon as possible after the incident leading to the grievance;
4. in writing, whenever possible, using WMMHC’s Client Grievance Form; and
5. be clear and specific, stating the nature of the grievance, which right the client believes has been violated and what action the client would recommend as a means to address the concern.
6. Include contact information for the client.
7. The investigation will be conducted within a prompt timeframe following receipt of the written grievance. A written response will be communicated to the client within a reasonable timeframe following the completion of the investigation. Our goal is to communicate the results of the investigation, or provide an explanation for the need for more time, within ten (10) business days of receipt of the grievance.
8. It is important to WMMHC that client grievances are appropriately addressed and resolved. If the client is not satisfied that their concern has been adequately resolved through the procedure steps outlined above, the client may submit a written request for the grievance to be reviewed by the next higher level of management within WMMHC. It will be helpful if the request for a second review includes the specific reason for the dissatisfaction with the conclusion reached as a result of the investigation.
9. A member of WMMHC’s senior management team will conduct a review of the previous investigation. The review will normally be completed within ten (10) working days of the receipt of a written grievance request and a written decision will be communicated to the client following the completion of the review.
10. For follow up questions or to provide additional information, a client is encouraged to call 406.532.8400 and ask to speak with a member of the administrative team.