Rose Brooks Center Grievance Procedure and Form

Rose Brooks Center is committed to providing safe, welcoming, respectful and accessible services. To ensure the rights of service participants, persons seeking services and community stakeholders, Rose Brooks Center offers a grievance procedure to express and resolve grievances, including denial of service. In the event that a service participant, person seeking services, or community stakeholder has a complaint about any action that has been taken or if they feel that they have been treated unfairly in any way, they are eligible to file a grievance. No person filing a grievance shall receive unfavorable treatment or be denied services for using this grievance procedure. Rose Brooks Center leadership will provide a timely written notification of the resolution and an explanation of any further appeal, rights, or recourse. All formal grievances will involve at least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review.

Program participants are encouraged to voice their opinions, especially when it is their opinion that they have not been treated fairly or they are not satisfied with an action that has affected them. If it is possible for the participant to discuss this issue with the staff assigned to assist them or the program director, the participant is encouraged to do so. If they do not feel they the matter has been resolved to their satisfaction, or if the matter involves one of the above mentioned staff persons, the program participant may submit a formal grievance to the Chief Operating Officer of Rose Brooks Center to seek resolution.

Submitting a Formal Grievance

1. Persons seeking to file a grievance are asked to complete a Grievance Form available from any Rose Brooks Center staff or through download on the Rose Brooks Center website www.rosebrooks.org. Language access or alternate methods of communicating Grievance Form information is available upon request.
2. Persons filing a grievance are asked to state the
    a. date grievance submitted;
    b. a safe method for follow-up contact and instructions making follow-up contact;
    c. a description of the problem or concern including the date of the event or timeline of events that led to this grievance; and,
    d. a description of the desired outcome.
3. The completed form is submitted to the Chief Operating Officer. Methods for submitting the form include:
    a. Mail: P.O. Box 320599 Kansas City, MO 64132 c/o Chief Operating Officer
    b. Faxed: 816-523-8177 Attn: Chief Operating Officer
    c. Emailed: tanyad@rosebrooks.org
    d. Dropped off in-person with the Rose Brooks Center receptionist located on the administrative building lobby.

4. The Chief Operating Officer or designated program director will review the grievance and schedule an in-person or phone meeting within 7 days of the grievance being filed.
5. At the time of the meeting, the COO or designated program director and the person filing the grievance will discuss options to resolve the issue.
6. The COO or designated program director will make a final determination on the grievance.
7. The result of the grievance will be provided in writing with a copy for the person filing the grievance and a copy to the program director.
8. A copy of the grievance and written description of the resolution is kept on file for the Quarterly Risk Prevention and Management Review. Client and personnel identifying information will be limited or redacted to protect confidentiality.

To help ensure your rights and additional guidance:

- At any time you can choose to get help from outside entities, such as advocacy organizations for equal language access, civil rights, tenant's rights, and anti-discrimination in housing and social services.
- Grievances submitted by a group of individuals will not be accepted. Individuals with common complaints or concerns must each submit them separately.
- Grievances about serious safety concerns or other situations requiring urgent attention will be dealt with immediately.
- Confidentiality will be respected and maintained to the full extent possible, but be aware we may have to be able to talk about your grievance to others in order to properly investigate.

You have the right to file a complaint with external authorities. See the table below for contact information.

General Grievance or Concern	Description	Contact Information
Violation of privacy and confidentiality rights	If you have reason to believe your rights to privacy or confidentiality have been violated	US Department of Health and Human Services for Civil Rights www.hhs.gov/ocr/privacy/. Office for Civil Rights, 601 East 12th Street, Room 353, Kansas City, MO 64106, (800) 368-1019 (Voice); (800) 537-7697 (TDD).
Ethical services	If you believe your therapist's behavior is unethical or does not adhere to professional standards	Department of Mental Health using the following contact information: Constituent Services, Department of Mental Health, P.O. Box 687, 1706 East Elm Street, Jefferson City, MO 65102, 1-800-364-9687
Violation of	If you believe services do not meet legal	Missouri Coalition Against Domestic and Sexual

domestic violence service standards	requirements or best practice standards for domestic violence program services	Violence Phone: **573-634-4161** Address: 217 Oscar Dr., Suite A Jefferson City, MO 65101
Shelter conditions	If, at any time while you are receiving assistance from Rose Brooks Center, you believe your current housing/shelter ceases to be safe, decent, and sanitary	Missouri Housing Development Commission: 920 Main Street, Suite 1400, Kansas City, MO 64105-2017 or (816) 759-6600.
Violation of civil rights, including Title VI meaningful language access	If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including sex stereotyping and gender identity), or religion in programs or activities that Health and Human Services directly operates or to which provides federal financial assistance	Office of Civil Rights you may file a complaint at https://www.hhs.gov/civil-rights/filing-a-complaint/index.html Office for Civil Rights, 601 East 12th Street, Room 353, Kansas City, MO 64106, (800) 368-1019 (Voice); (800) 537-7697 (TDD). Missouri DSS Office for Civil Rights at (800) 776-8014; or (866) 735-2460 (Voice); (800) 735-2966 (Text). Complaints may also be filed by writing to: Missouri DSS Office for Civil Rights, P.O. Box 1527, Jefferson City, MO 65102-1527
Violation of Fair Housing laws	If you feel that you have been discriminated against based on your race, color, national origin, religion, sex, familial status or disability in regard to housing services	Department of Housing and Urban Development (HUD) https://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination.

Applicants for, or recipients, of services from DSS who believe they have been denied a service or benefit may file a complaint by contacting either their DSS local office or the Applicants for, or recipients of services from DSS who believe they have been denied a service or benefit because of race, color, national origin, sex, age, disability, or religion may also file a complaint by writing to: U.S. Department of Health and Human Services

Grievance Form

Today's date:	**Name:**
Safe way to be contacted: ❑ Cell Phone # _____ ❑ Work Phone # _____ ❑ Email: _____ ❑ Other: _____	**Is it safe to leave a message? YES NO** Instructions for follow up contact: (example. Safe to call cell number and work phone, but do not leave message on cell phone)

Please describe the problem or concern including the date of the event or timeline of events that led to this grievance:

What is your desired outcome?

Signature: _____ Date: _____