

TITLE:**Complaints**

Mental Health America of the Heartland in an effort to maintain productive and cohesive relationships between our employees, our clients and the communities we serve will always attempt to resolve conflicts or complaints regarding our services, policies or employees.

- 1) By definition, a "complaint" occurs when the actions or opinions of agency employee(s), intern(s) or volunteer(s) are in opposition or are unsatisfactory to other agency employee(s), intern(s) or volunteer(s) or individual(s) (client, program participant, vendor, funder, donor, or member of the public). (NOTE: A "grievance" occurs when decisions of the agency (Mental Health America of the Heartland), regarding priorities, strategies and implementation of programs and services, and/or administrative, financial or operating processes are in disagreement with written agency policy, relevant funding contracts or governing laws. See Section: Agency Operations, Subject: Conflicts & Disagreements, Topic: Grievance)
- 2) These disagreements are routinely about the methods used during implementation of programs, quality of services, or personality conflicts; whenever possible the parties involved should attempt to resolve the conflict/ complaint informally with the support of the supervisor/manager of the particular program or department.
- 3) However, if a compromise is not resolved through initial negotiations, then a Formal Complaint is filed with the Director, Human Resources & Communications. A form exists within the agency to assist parties in submitting his/her/their complaint. (See Procedure Manual; Complaint Procedure)
- 4) Failure by either party to adhere strictly to the time lines defined below is not considered to be grounds for filing a complaint in and of its self. However, it is expected that all parties involved will do diligence in adhering to the established order of events and timeliness whenever possible.

Persons or organizations wishing to file a complaint with this agency will find contact information for relevant staff and required forms on the agency's website, (www.mhah.org), or by calling the agency's main number, (913) 281-2221, or by picking up required forms at the agency's main office, 739 Minnesota Avenue – Kansas City, KS 66101, during regular business hours, Monday – Friday, 9:00am-5:00pm.

All "formal" complaints must be submitted in writing by the plaintiff. The person/ entity should state what the complaint is, why a disagreement exists (policy, service, priority or process violation), and his/her/ their desired resolution. The Director, Human Resources and Communications, will review all complaints for completeness and clarity, then forward a copy of the complaint to the appropriate supervisor/ manager of the employee, intern or volunteer and monitor the progression of the complaint resolution process. The member of management receiving the complaint must investigate the issue, and respond within five (5) business days from the receipt of the submission to a request for an appointment. The ensuing appointment to discuss the complaint must take place within fourteen (14) business days thereafter.

All parties to the complaint must attend the "Formal Complaint" meeting in person and any pertinent information regarding the incident must be available for review and discussion at that time. During the

meeting, specifics regarding the nature, implications, potential impacts and possible compromises are considered. The Director, Human Resources & Communications will document the discussion on the complaint form. If the matter cannot be resolved during the meeting, management reserves the right to take all information under advisement and render a decision within fourteen (14) business days following the meeting. A written decision regarding the disposition of the complaint will be provided for all parties involved within five (5) business days thereafter. All documentation relevant to the complaint is maintained in a complaint file for one year.

If following the Formal Complaint meeting, the parties are still not satisfied with the resolution. The Formal Complaint may be re-submitted to the attention of the President/ CEO of Mental Health America of the Heartland for review and determination; the same process and timeline outlined above will be followed including notification and retention. The decision of the President/CEO regarding all complaints and the appropriate resolution is final.



Received by: _____ Date: _____

Complaint Form

By definition, a "complaint" occurs when the actions or opinions of agency employee(s), intern(s) or volunteer(s) are in opposition or are unsatisfactory to other agency employee(s), intern(s) or volunteer(s) or individual(s) (client, program participant, vendor, funder, donor, or member of the public). These disagreements are routinely about the methods used during implementation of programs, quality of services, or personality conflicts; whenever possible the parties involved should attempt to resolve the conflict/ complaint informally with the support of the supervisor/manager of the particular program or department.

Name: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Name of assistant/advocate (if applicable): _____

Phone number of assistant/advocate (if applicable): _____

Identify specific agency program, policy, procedure, or contract in question: (may attach copies of documentation):

Brief description of alleged disagreement (activity or decision), include date if known: _____

Director- HR/Comm., initial review: _____ (Date) Complaint Meeting: _____ (Date) (Time)

Location: _____	Attendees: _____	Yes	No
	_____	Yes	No
	_____	Yes	No
	_____	Yes	No
	_____	Yes	No

TITLE:**Grievances**

Mental Health America of the Heartland, in an effort to maintain productive and cohesive relationships with our employees, our clients and the communities we serve, will always attempt to resolve conflicts or complaints regarding our services, policies or employees. Whenever a conflict or complaint rises to the level of a grievance, the issue should be presented to the Agency.

- 1) By definition a grievance is a conflict or disagreement between an individual or organization (client, program participant, employee, intern, volunteer, vendor, funder, donor, or member of the public) and the agency, Mental Health America of the Heartland. (NOTE: All conflicts or disagreements are not grievances. See Section: Agency Operations, Subject: Conflicts & Disagreements, Topic: Complaints, to resolve conflicts and disagreements that are "complaints".)
- 2) A grievance occurs when the agency's priorities, strategies, implementation of programs and services, and/or administrative, financial or operating processes are in disagreement with written agency policy, or relevant funding, contracts or governing laws.
- 3) Failure by either party to adhere strictly to the time lines defined below is not considered to be grounds for filing a grievance in and of its self. However, it is expected that all parties involved will do diligence in adhering to the established order of events and timeliness whenever possible.

Persons or organizations wishing to file a grievance with this agency will find contact information for relevant staff and required forms on the agency's website, (www.mhah.org), or by calling the agency's main number, (913) 281-2221, during regular business hours, Monday – Friday, 9:00am-5:00pm or by picking up required forms at the agency's main office, 739 Minnesota Avenue, Kansas City, KS 66101.

All grievances must be submitted in writing to the President/ CEO of Mental Health America of the Heartland. A form exists within the agency to assist parties in submitting his/her/their grievance. (See Procedure Manual; Grievance Procedure) The person/ entity should state what the grievance is, why a grievance exists (policy, service, priority or process violation), and expected resolution. A request for an appointment with the President/ CEO to discuss the grievance is included.

The President/CEO has five (5) business days from the receipt of the submission and request for an appointment to respond. The ensuing appointment to discuss the grievance must take place within fourteen (14) business days thereafter.

All parties to the grievance should attend the "grievance" meeting. Also, any pertinent information must also be available for review and discussion. During the meeting with the President/ CEO, specifics regarding the nature, implications, potential impacts and possible compromises are considered. The President/CEO will document the discussion on the complaint/ grievance form. The matter may be resolved during the meeting or the President/ CEO reserves the right to take all information under advisement and render a decision within fourteen (14) business days following the meeting. A written decision regarding the disposition of the grievance will be sent to the initiating party within five (5) business days thereafter. All documentation relevant to the grievance is maintained in an agency grievance file for one (1) year.

If following the grievance meeting with the President/ CEO, the parties are still not satisfied with the resolution; the grievance may be re-submitted, by following the same process, to the Chair of the Board of Directors for Mental Health America of the Heartland. The same timetable, as above, and documentation process shall be applied to grievances that rise to the level of Board Chair review.

Level I – Informal discussion among parties

Notes: _____

Was this grievance resolved? ___ Yes ___ No

Date discussed with parties involved: _____

Level II – Formal meeting of parties and department/program supervisors

Notes: _____

Department Head: _____

Date received: _____

Recommendation: _____

Date of notification: _____ Was this grievance resolved? ___ Yes ___ No

Level III

Notes: _____

Date received by President/CEO: _____

Comments: _____

Date of decision: _____

Date of notification: _____

Recommendation: _____

Signature of Aggrieved Party

Date

Signature of Advocate/Assistant

Date

Supervisor

Date

President/CEO

Date

Reviewed by Executive Committee of Board

Date

Signature of Board Chair

Date