

## **PARTICIPANT GRIEVANCE**

It is important to us that you have a positive experience at the Center. To this effort we want to ensure that if your experience is not positive you have a way of ensuring that your concern is addressed.

**We will keep all concerns confidential.**

### **STEP 1**

- Express concerns to any staff member. Staff members hearing the issue will report your concern to the Program Director.
- Additionally complete the form below.
- If you need assistance with completing the form a mutually agreed upon assistant will be provided

### **STEP 2**

- The Program Director will address the grievance with parties involved and attempt to find a resolution.
- **Written notification to the complainant of the outcome will be provided within 48 hours.**
- Grievances not resolved between the Yolo Adult Day Health Center Director and the participant shall be referred to the Woodland Healthcare Patient Relations office at 669-2692. The Patient Relations Specialist will make inquiries related to the grievance and work with Center participant within 30 days of being contacted.
- Participants may request a fair hearing by Agency on Aging Area 4 and the Department of Aging within ten (10) days following receipt of a written decision concerning the grievance. Contact information will be provided upon request.
- If abuse is alleged, a Report of Suspected Abuse or Neglect is completed and submitted as outlined in the Abuse/Neglect Reporting Policy.

### **STEP 3**

- Program Director will confirm with participant and/or family that a resolution has been found that is clearly agreed upon by all parties. The Complaint Form will be fully completed to record outcome.