



## CLIENT GRIEVANCE POLICY AND PROCEDURE

### (1) Grievance Policy

Miracle of Love Inc. (MOL), its staff, and volunteers (hereinafter referred to as “Employees”) are committed to maintaining the privacy and confidentiality of clients. We strive to provide all services consistently, without bias, and in compliance with the law. MOL and its representatives are committed to providing all services with dignity and to carrying out all services and tasks in an ethical manner.

MOL Employees are expected to adhere to all MOL policies, including MOL’s *Code of Ethics and Conduct* and *Confidentiality Policy*. These policies and procedures are meant to protect the rights of all clients and Employees.

In the event a client determines their rights have been violated or that any representative of MOL has not acted in a professional, legal, or ethical manner, that client has the right to file a formal complaint in the form of a grievance.

Any of MOL’s clients or applicants for services who have a complaint or grievance may bring a formal complaint or grievance using the following procedures. Grievances should be followed in the order and manner below. Those who wish to file a grievance should be aware of the time frames outlined in the procedure.

### (2) Grievance Procedure

1. Attempt to resolve the situation with the MOL Employee. If that attempt is unsuccessful or you feel a resolution with the Employee is not possible, you may proceed to the next step of this procedure.

2. If you are not satisfied after attempting to resolve the issue with the Employee, you may, **within five (5) working days**, contact the Employee’s program manager. The program manager will schedule an appointment with you, discuss the complaint, and attempt to resolve it with you. At this time, IF THE ISSUE IS NOT RESOLVED, a *Client Grievance Report Form* may be completed to make a written complaint on your behalf by the program manager. You may also request this form in person to be completed by you. The program manager will document the complaint and the discussion. This appointment may be conducted via telephone or video conference.

3. If you still are not satisfied, you must contact MOL’s Executive Director, **IN WRITING**, using the *Client Grievance Report Form* **within five (5) working days** of your appointment with the program manager. A conference date, time, and location will be set at your convenience. The Executive Director will attempt to resolve the situation, adding their comments to any previous records. **The decision(s) made by the Executive Director will be final unless you WISH TO MAKE A FORMAL GRIEVANCE** in one of the following four (4) allowable areas:

- a. You feel you were denied a service for which you should be eligible;
- b. You feel your needs were not met within a timely manner according to policy or agreements, and you were caused undue harm;
- c. You feel MOL acted with gross negligence or violated a law;
- d. You feel your access to services was unjustly terminated.

In the case of any of the above four areas, you may contact the appropriate regulatory agency or consult legal counsel or:

TO MAKE A FORMAL GRIEVANCE, YOU MUST APPEAL in writing, within five (5) working days of your meeting with the Executive Director, FOR A HEARING BEFORE the Miracle of Love Inc. Board of Directors, who will set a hearing within two (2) weeks of your FORMAL GRIEVANCE. AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE HEARING, you will receive written notice of the meeting date, time, and location.

At the meeting, you, OR YOUR REPRESENTATIVE, have the right to present oral arguments. The Board of Directors will issue a written decision to all participants within one (1) week of the hearing.

The agency will mail the outcome of the Grievance within five (5) business days of the hearing via Certified Mail to the address on the Grievance form.

**ANY FORMS MENTIONED IN THIS PROCEDURE MAY BE OBTAINED AT ANY MOL OFFICE LOCATION OR BY REQUESTING ONE FROM A MEMBER OF MANAGEMENT.**

---

I have read and had any of my questions regarding this policy and procedure answered by MOL Staff. I understand the Grievance Policy and Procedure. If I have any additional questions about this policy, I will contact my Case Manager or a member of management.

---

Client Name (Print)	Client ID
Client Signature	Date
MOL Case Manager/Staff Name (Print)	Signature

A copy of this signed document must be provided to the client and entered into the client's file.