



Grievance Policy and Procedure

Policy

The services you provide as a volunteer or services provided to you as a client are funded by the federal government through the Older Americans Act (OAA). As mandated by the Older Americans Act and Title 22 of the California Code of Regulations (CCR), Napa Long Term Care Ombudsman Program must establish and maintain a written grievance procedure.

If you have a complaint, feedback, or incident regarding the services you have provided or received, you may file a grievance. Napa Long Term Care Ombudsman Program aims to:

- Encourage positive and negative feedback
- Resolve any complaints promptly and respectfully
- Use all feedback as feedback for improvement and to ensure a solution is determined

Your confidentiality and right to privacy will be protected. Only information relevant to the complaint may be released to the responding party. There will be no discrimination against a Napa Long Term Care Ombudsman Program client, volunteer, or their representatives for filing a grievance.

Procedure

1. A grievance may be submitted either verbally or in writing to Napa Long Term Care Ombudsman Program at 707-255-4236 or 1443 Main Street, Suite 125D Napa, CA 94559. Napa Long Term Care Ombudsman Program Staff will verbally or in writing respond to the grievance within 7 working days.
2. If the complaint cannot be resolved informally, you may contact Molly's Angels of Napa Valley at 707-224-8885 or 433 Soscol Ave., Suite A-100 Napa, CA 94559. Grievances shall be acted on within five working days and you will receive a written response within fifteen days.
3. If you are still dissatisfied with the results of the review, you or your representative may appeal to the Area Agency on Aging. Please contact Area Agency on Aging of Napa & Solano in writing at 275 Beck Avenue, Fairfield, CA 94533. The results of the grievance will be provided to you in writing within 30 days of receipt of the grievance.

This is to certify that I have read, understood, and received a copy of the Service Recipient Grievance Procedures for Older Americans Act Programs.

Signature _____ Date _____



Grievance Form

The Napa Long Term Care Ombudsman Program Grievance Form is available to all clients and volunteers. If a grievance is needed to be filed, the information below would be required for documentation. There are also copies available to you digitally or in the office upon request.

Date: _____ Classification (If Applicable) _____

Grievant(s) Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

STATEMENT OF GRIEVANCE (Nature and facts of grievance: who, what, where, when, why)

CONTRACT VIOLATIONS (List all Contract Articles and how they were violated)

REMEDY SOUGHT (What action will resolve this grievance)

DISPOSITION OF GRIEVANCE (What happened)

Signature of Grievant

Date

Signature of Recipient

Date