

#31 RESIDENT GRIEVANCE PROCEDURES

Valley Residential Services, Inc. encourages residents, guardians, and family members to voice concerns and to provide us with any input they may have regarding the care of the people we serve. We strive to have concerns resolved and questions promptly answered. We strongly hope that residents, guardians, and family members will be comfortable enough to use the provided form whenever they feel it is necessary. A Resident Grievance Procedure form will be given to residents/designated representatives upon admission into our facilities and at least annually thereafter, at the time of satisfaction survey mailings. Grievance Procedures will be readily available in each site for resident and or guardian use, or are available upon request from the office of Valley Residential Services, Inc.

#31 RESIDENT GRIEVANCE PROCEDURE FORM

Dear Residents/Guardians,

Valley Residential Services, Inc. encourages you to voice concerns and to provide us with any input you may have regarding the care of the residents we serve. We strive to have concerns resolved and questions answered. We strongly hope that you will be comfortable enough to use this form whenever you feel it is necessary. Please use the following procedures when you would like us to address a concern.

1. When appropriate, notify the staff on duty of your concern. The problem may simply be something they could deal with at the time.
2. Notify the home supervisor verbally or put it in writing on this form.
Home Supervisor: _____
Telephone Number: _____
3. If your concern was not dealt with to your satisfaction, please notify the area supervisor verbally or in writing.
Area Supervisor: _____
Telephone Number: _____

Please list your concern:

The area supervisor will bring your concern to the attention of Angelica Treu, Associate Quality Improvement Coordinator. We will notify you of our actions within 60 days of receiving notification of your concerns. If you do not receive notification in a timely manner, please contact the main office at 989-865-9997. Mail this form to:

Valley Residential Services, Inc.
Attn: Angelica Treu
P.O. Box 186
St. Charles, MI 48655

If you are not completely satisfied with the results, please contact the CMH Supports Coordinator assigned to the resident.

The section below is for VRSI personnel

ACTION TAKEN BY HOME SUPERVISOR:

FOLLOW UP ACTION BY AREA SUPERVISOR/ DIRECTOR:

Revised 1-11, 12-18, 4-19, 12-20, 12-21