

Client Procedure to Voice Complaints, Grievances and/or Suggestions about the Operation of the Subcontractors of the HIV Consortium

It is the intent of the Northwest Virginia Consortia and its subcontractors (AIDS/HIV Service Group of Charlottesville, AIDS Response Effort of Winchester, Fredericksburg Area HIV/AIDS Support Services, UVA Dental Clinic, and **Valley AIDS Network of Harrisonburg**) to provide comprehensive, high quality services to meet the needs of people with HIV/AIDS and their families and friends. If there is ever a time when you feel you have been treated unfairly or discriminated against, or if you have ideas how to improve services, we have adopted this policy to facilitate resolution of such issue. We encourage you to communicate one-to-one with your case manager if there are issues about your Service Plan that need to be changed. We are here for you and want to hear how we can best provide services for people with HIV/AIDS.

The Consortia and its subcontractors encourage all clients to express their complaints and to suggest remedies or improvements in their services. The Council and its subcontractors will make every effort to respond to clients' reasonable concerns and suggestions. We also encourage clients to let the staff members of their provider organization know when services are satisfactory and should be continued. If you have suggestions or ideas, please feel free to let the agency know by following this procedure:

1. Talk with your case manager to voice your complaint or grievance. If the complaint is found to be legitimate and can be resolved by your case manager, the change shall be made as quickly as circumstances allow. The case manager shall inform his/her supervisor of the complaint and its resolution.
2. If the complaint involves an issue outside of that staff member's responsibilities or is beyond his/her power to resolve, the staff member will provide you with a "Record of Complaint" form and assist you in the completion of the form, as needed.
3. The completed Record of Complaint form will then be given to the case manager, the agency Director and/or his/her designee.
4. The Director or his/her designee will follow up on all client complaints within 72 working hours to conduct fact-finding and (i) inform the client what can or cannot be done to remedy the complaint; (ii) implement any suggestions; and/or (iii) provide further consideration of the issue. The Director or his/her designee will also notify the organization's Person with HIV/AIDS (PWH/A) Advocate of the Record of Complaint. You will be given the PWH/A Advocate's telephone number to consult with him/her, if you wish.
5. In the event that your complaint/grievance is not resolved through the steps listed above, you may exercise your right to contact the Regional Coordinator of the Council. The Director or his/her designee will provide you with the name and telephone number of the Coordinator.
6. The Regional Coordinator will engage the services of one of the Regional PWH/A Advocates to assist in reviewing the issue and seeking an acceptable resolution.

Annual Updates

Case Manager or Agency Signature

Client Signature

Date
