

ACT Client Grievance Process

The philosophy of ACT is to treat every individual with dignity and respect and provide services in a nondiscriminatory way. If you feel that your rights have been violated, you have been unfairly treated, or denied access to services, you may file a grievance. Anyone registering a grievance will be encouraged to resolve the issue at the lowest possible level. Every effort will be made to resolve grievances before they reach the level of a formal grievance. Please follow the steps below to report any problems you encounter within thirty (30) days of the incident.

Step One

If you have an issue with ACT services or an ACT staff member, discuss the problem directly with the involved staff member to try to come to a resolution together. You have the right to take your complaint to the next highest level if you are not satisfied with the outcome. If you are uncomfortable addressing the issue directly with the staff member, skip to Step Two.

Staff person: _____

Date discussed: _____

Step Two

If there is no resolution after Step One, discuss the problem with the supervisor of the staff member you have a complaint about at the site where the staff member is located.

Supervisor: _____

Date discussed: _____

Step Three

If you have not been able to resolve the problem with the site supervisor, speak with the Program Director. For care services (e.g., case management, nutrition, and adherence) call 860-247-2437 x316 or x103. For harm reduction/prevention services (e.g., HIV/STI testing, syringe services,) call 860-247-2437 x231. For client and housing financial assistance services call 860-247-2437 x316.

Director: _____

Date called: _____

Step Four

If the problem has still not been resolved to your satisfaction, put your grievance in writing and deliver or mail it to the Executive Director at the following address. You may use the template provided on the next page:

ACT

110 Bartholomew Avenue, Suite 3050

Hartford, CT 06106

A meeting with the Executive Director will be scheduled within two weeks, when possible, of receipt of the written grievance.

Date written grievance delivered/mailed: _____

Step Five

If you are still not satisfied, a copy of your written grievance and a copy of the Executive Director's written response will be sent to the ACT Board President. A meeting of all parties involved can be scheduled at the client's request within two weeks, when possible, of the request. Any decisions agreed upon in this meeting will be final.

Date meeting requested: _____

Spanish translation will be provided or clients may provide their own.

ACT will document all complaints received and steps taken in response to a complaint. Complaints will be kept confidential, but information will be disclosed as necessary in order to conduct an effective investigation. Clients can make a grievance without fear of reprisal or retaliation.

ACT Client Grievance Form

ACT
110 Bartholomew Ave.
Suite 3050
Hartford, CT 06106

1. Date:

2. Name and contact information of individual filing the grievance:

3. Individual(s) the grievance is being filed against:

4. Description of grievance (what happened) — please be as specific as you can, including dates and locations:

5. How have you attempted to resolve the issue?
(Please refer to ACT's Client Grievance Process for steps to take before submitting your grievance in writing.)

6. What action would you like ACT to take to resolve the issue?

(Use back side if more room is needed.)

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