

# GRIEVANCE PROCEDURE

COASTAL SENIORS endeavors to provide high quality services for our clients. Should an incident occur in which a client feels we have fallen short of our mission, we strongly encourage feedback- we cannot fix problems we are not aware of.

We encourage clients to address concerns informally by verbally bringing suggestions for improvements to the attention of our administrative staff. In the event that a client has a concern about our services that they feel has not been resolved after reporting the issue in person, we have established the following grievance procedure:

1. Notify the Executive Director in writing. You may hand deliver the letter, email to [exdirector@coastalseniors.org](mailto:exdirector@coastalseniors.org), or mail it to:

COASTAL SENIORS  
PO BOX 437  
Point Arena, CA 95468

If you need assistance in documenting your concerns, just let our staff know. We would be glad to assist you.

2. All complaints can remain anonymous, if desired. Only information relevant to the complaint will be released based on the client's consent.

2. We will address all concerns within 10 business days of receiving the report, unless the report is brought to the attention of the Board of Directors, in which case a response will be given within 30 days. A written response will be provided upon request for clients who wish to remain anonymous.

3. If a client is not satisfied with the response given to them by the Executive Director or the Board of Directors, a response to a complaint can be appealed with the Area Agency on Aging in either Sonoma or Mendocino County (depending on what county you reside) or with other relative agencies depending on the program for which the complaint is being issued.

4. Complaints may involve, but not be limited to, any or all of the following:

(1) Amount or duration of a service.

(2) Denial or discontinuance of a service.

(3) Dissatisfaction with the service being provided or with the service provider. (4) Failure of the service provider to comply with any of the requirements set forth in the Department's regulations or in the contract agreement with the AAA.

The above text shall be used as our facility posting for all of Coastal Seniors' programs. Our response procedure includes notifying the client that they may contact the Area Agency on Aging, Health & Human Services, Mendocino Transit Authority, Mendocino Behavioral Health, Sonoma County Behavioral Health, or any other agency where funding is applied to a program if they remain unsatisfied. The confidentiality of all complaints shall be maintained according to applicable statute.

# Complaint Form

Today's Date: \_\_\_\_\_

Date Received (office use only): \_\_\_\_\_

We encourage you to resolve your issues directly with Coastal Seniors', however; you may also file your concern with the funding agency of the program you have concerns with. You may speak with Coastal Seniors' staff to find out which agencies fund the program of which you have concerns.

Your Name:	
Your Date of Birth:	
Your Phone #:	
Your Address:	
For which program do you have a complaint?	

## Describe the Issue

Be sure to include names, dates, approximate times and other relevant information.

Date of Issue: \_\_\_\_\_

Program you are filing complaint with: \_\_\_\_\_

Please explain occurrence:

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Suggestion for solution:

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Whom have you spoken with regarding your issue? \_\_\_\_\_

## Please Read and Sign Below

I understand that I may authorize another person to act on my behalf. I understand that if I need a translator or assistance filing a complaint, I can request assistance from Coastal Seniors. For the purpose of resolving this issue, I authorize the following person to act on my behalf (Please write "N/A" if this does not apply to you).

Name of person: \_\_\_\_\_

Phone # of person: \_\_\_\_\_

I also understand that Coastal Seniors will be authorized to contact my representative, as named above, and any involved parties in order to resolve my issue. Coastal Seniors will also be authorized to discuss information needed to evaluate and resolve my issue.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When you have completed, signed and dated this form, please mail to:

Coastal Seniors  
PO Box 437  
Point Arena, CA 95468

You may also email the completed form to Executive Director Micheline Kirby at [exdirector@coastalseniors.org](mailto:exdirector@coastalseniors.org). For more information or if you have questions, please call (707) 882-2137.