**CONSUMER APPEAL/COMPLAINT PROCESS**

**Disability Advocates of Kent County**

The following policy applies to individuals who have received services at Disability Advocates or attempted to receive services from Disability Advocates and feel they have been provided poor services, not been treated with respect and dignity while receiving services, denied access or limited in access to services. The policy provides a procedure for hearing and resolving complaints to the maximum extent possible.

Complaints regarding the quality of services, manner or timeliness of service delivery and denial of services are eligible for consideration under this policy.

**Notice and Availability of Policy**

A notice is also communicated to all consumers upon commencing direct services, displayed with literature in the office lobby, posted online at [**www.dakc.us**](http://www.dakc.us) and available upon request by calling (616) 949-1100**.** In addition, at any time during the provision of supported and services that a staff person, intern or volunteer feel that a consumer needs to be reminded of this policy and its related procedures, notice will be provided.

**Procedures for Communicating a Complaint**

DAKC hopes that any consumer receiving direct supports or services from a DAKC employee, intern or volunteer will be able to express any concerns or complaints directly to the staff person, intern or volunteer that he/she is working with. If the consumer feels that that course of action is not possible or if he/she feels that the staff person, intern or volunteer has not adequately addressed a concern brought to his/her attention, the consumer is encouraged to begin the following process:

1. A consumer having a grievance shall register a complaint using the Complaint Intake Form or other written correspondence within ten (10) business days of an occurrence and submit it to the Associate Director.

Written complaints regarding direct services provided by Disability Advocates of Kent Countyshould be addressed to:

**Disability Advocates of Kent County**

**Associate Director**

**3600 Camelot Dr. SE**

**Grand Rapids, MI 49546**

The Associate Director will initiate an investigation and render a written decision to the person filing the grievance within ten (10) business days of receipt unless otherwise indicated. A copy of the complaint and the response will be retained in the Disability Advocates of Kent County Complaint File.

1. Should the complainant disagree with or is not satisfied with the response of the Associate Director, the complainant may appeal the decision to the Executive Director by returning his/her copy of the Associate Director’s decision with written notice of appeal to the Executive Director within ten (10) business days following receipt of the Associate Director’s decision.

The written appeal can be addressed to:

**Disability Advocates of Kent County**

**Executive Director**

**3600 Camelot Dr. SE**

**Grand Rapids, MI 49546**

1. The Executive Director will investigate and render a written decision to the person filing the grievance within five (5) business days of receipt unless otherwise indicated.
2. Should the complainant disagree with or is not satisfied with the response of the Executive Director, the complainant may appeal the decision to the Executive Committee of the Board of Directors by returning his/her copy of the Executive Director’s decision with written notice of appeal to the Executive Committee Chairperson within ten (10) business days following receipt of the Executive Director’s decision.

The written appeal can be addressed to:

**Disability Advocates of Kent County**

**Executive Committee Chairperson**

**3600 Camelot Dr. SE**

**Grand Rapids, MI 49546**

1. The Chairperson of the Executive Committee will set a date for a meeting within 4 weeks from the date that the Executive Committee receives the complainant’s written appeal. The complainant will receive written notice of the meeting date.
2. On the appointed date, The Executive Committee shall review the matter and render its decision in writing within five working days of the meeting. The decision of the Executive Committee is final.

**Records**

A record of all written complaints and subsequent responses will be maintained for at least seven (7) years at the offices of Disability Advocates of Kent County.

**COMPLAINT INTAKE FORM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program/Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Complaint:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use additional paper if necessary.

Signature of person submitting complaint or his/her representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint forwarded to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_