

# **NEW SERENITY PERSONAL CARE COMPLAINT INVESTIGATION POLICY**

## **POLICY-**

New Serenity shall investigate a complaint made by a client, the client's family, or the client's personal representative regarding service furnished or not furnished or lack of respect for the client's property by anyone furnishing services on behalf of New Serenity.

All complaints will be investigated, and resolution given with-in 7 business days of the complaint being reported.

## **PROCEDURE-**

1. When a client makes a complaint, the employee receiving the complaint shall document the complaint on the Client/Office Communication Form.
2. The Complaint shall be entered in the Complaint Log, including the date of the complaint and the initial of the manager or manager's designee.
3. The manager or manager's designee shall investigate the complaint. This investigation shall include interviewing the complainant, the employee who is the subject of the complaint, and any other individuals who the manager believes have knowledge of the complaint.
4. The manager shall document the investigation and any conclusions reached as a result of the investigation.
5. If the complaint is substantiated, the manager shall take appropriate action, including disciplining the employee, reporting the employee, and developing a corrective action plan to prevent future occurrences.
6. If the complaint includes allegations of criminal behavior or the investigation leads the manager to conclude criminal conduct has occurred, the manager shall contact knowledgeable legal counsel immediately.
7. Upon resolution of the complaint investigation, the manager shall note in the complaint log that the complaint has been resolved and the date of such resolution. The manager or manager's designee shall then initial the entry.

A log of all complaints and grievances will be maintained and included in the agency annual report

The Complaint / Grievance form is attached

# CLIENT GRIEVANCE / COMPLAINT FORM

1. Name of person receiving complaint \_\_\_\_\_ Date \_\_\_\_\_

Signature of person receiving complaint \_\_\_\_\_ Date \_\_\_\_\_

2. Date Grievance/Complaint was Received \_\_\_\_\_

3. Name of Client affected by Grievance/Complaint \_\_\_\_\_

Name of person making complaint: \_\_\_\_\_

4. Description of Grievance/Complaint \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Date of Written Response from agency: \_\_\_\_\_

Investigation & Resolution \_\_\_\_\_

---

---

---

---

---

\_\_\_\_\_  
Signature of person completing investigation & resolution      Date