



**Community Renewal Team, Inc.**

1921 Park Street, Hartford, CT 06106. Ph. 860-951-8770. Fax 860-233-2796.

**Ryan White Program**

## **GRIEVANCE POLICY AND PROCEDURES**

You have the right to request a **fair hearing** if you feel you have been treated unfairly.

1. You will address the complaint with the direct party/parties involved.
2. If resolution of the matter is not satisfactory to you, you may submit the reason(s) for grievance in writing to the Clinical Manager.
3. The Clinical Manager will be available to resolve conflicts that cannot be addressed by the prior procedures and will meet with you within two working days. If the grievance involves medical issues, the Medical Director may be asked to assist with the grievance meeting. In all instances, the appointed grievance officers will be impartial with no previous involvement in the case.
4. The grievance officer will inform you of the outcome verbally and document it in the medical record.
5. If you are dissatisfied with the result, you may submit the reasons in writing to the Executive Director of Community Renewal, Team Clinical & Support Services, who will be available to resolve conflicts that cannot be addressed by the procedures in 1~4 above.
6. The Executive Director will notify you in writing within 15 working days of his/her decision.
7. If you have a reason to believe that there has been a violation of the Department of Mental Health and Addiction Services policy or the Department of Public Health policy, you may appeal the decision to the respective representative for consumer issues within that department.

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**Client Signature**

**Date**

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**Clinician Signature**

**Date**