

## HOPE CLIENT GRIEVANCE PROCEDURE

If you have a problem/concern or disagree with a program decision while at Hope, the first thing to do is let the Program Manager, District Director, or his/her designee know about it. If it can't be resolved to your satisfaction, and/or you would like to make a **formal** complaint, you have the right to do so through the Client Grievance Procedure (also called the fair hearing process or appeal) \*. Making a formal complaint will NOT result in retaliation or barriers to services.

### **Here's what will happen:**

You ask the person of your choice, may be the Hope Client Advocate (also called the Manager of Client Advocacy and Resources) to meet with you and, if you'd like, help you fill out the grievance form. If you are reporting the problem /concern or decision by phone, you may request to have the grievance form mailed to you. The form will then go to the Program Manager, or designee, with any other important information.

### **Hearing A**

The Program Manager will meet with you within 10 days of receiving the form. It will be at a time that is convenient for you. You may request to have anyone you'd like at the meeting, including the Hope Client Advocate. If you are not satisfied with the outcome of this meeting, you can make a written request (help will be available if you'd like) to meet with the District Director.

The form will then go to the District Director with any other important information.

### **Hearing B**

The District Director will meet with you within 10 days of receiving the form. It will be at a time that is convenient for you. You may request to have anyone you'd like at the meeting, including the Hope Client Advocate. If you are not satisfied with the outcome of this meeting, you can make a written request (help will be available if you'd like) to meet with the Hope President/CEO.

The form will then go to the President/CEO with any other important information.

### **Hearing C**

The Hope President/CEO will meet with you within 10 days of receiving the form. It will be at a time that is convenient for you. You may request to have anyone you'd like at the meeting, including the Hope Client Advocate.

## **Hearing D**

You will receive a letter from the Hope President/CEO within 10 days after the meeting to let you know his decision or recommendations. If you still are not satisfied with the outcome, an Appeals Board will consider your appeal and make the decision at the hearing. The Appeals Board will be made up of one Hope Board member, one person (or persons) selected by you, and another person agreed upon by you and the Hope President/CEO (usually the Hope Client Advocate).

Within 15 days, you will receive a written decision/recommendation.

## **Hearing E**

If you are not satisfied with the outcome or decision, you can ask the Hope Client Advocate to help you appeal to the State Agency. The State Agency may be the Department of Developmental Services, the Department of Rehabilitation, or the Mental Health Advisory Board.

The State agency has 30 days to arrange for a hearing and give the final decision.

At any stage in the process, both you and Hope have the right to be represented and the responsibility to pay for expenses related to that representation (e.g., private attorney). Representatives from legal aid societies such as Disability Rights and Mental Health Advocacy, or citizen advocacy groups such as Area Board 7 may advocate for you at no cost.

Attached is a sample of a Grievance form which is available through your Program Manager or by calling the Hope Client Advocate at 408-284-2886.

\*Often you can eliminate this entire process by asking your supervisor to help you resolve conflicts or problems as they arise or ask the Hope Client Advocate for help and support. Most problems/conflicts are easily resolved in this way.

*All of this means that at Hope we want to know if you have any problems so we can help you solve them. There are lots of Hope employees to help you. Our aim is to make every effort to meet your needs satisfactorily.*

**CLIENT GRIEVANCE PROCEDURE PATH**

**You complete the Client Grievance Form**



**Hearing A**

**You meet with the Program Manager or the Hope Client Advocate**



*If not resolved*

**Hearing B**

**You meet with the District Director**



*If not resolved*

**Hearing C**

**You meet with the President/CEO of Hope**



*If not resolved*

**Hearing D**

**Appeals Board**



*If not resolved*

**Hearing E**

# Client Grievance Form

Client's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Client's Representative: \_\_\_\_\_ Reporter's Name: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Describe Complaint: \_\_\_\_\_

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Reporter's Signature \_\_\_\_\_

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**For advocate's use only**

- Health and Safety
- Conflict with other Client
- Disagreement with Agency Policy
- Other
- Staff Misconduct
- Discrimination
- Physical abuse
- Sexual Abuse

## **CONTACT INFORMATION for SELF-ADVOCATES/ADVOCACY SUPPORT GROUPS**

- 1. Parents Helping Parents**  
**Sobrato Center for Nonprofits-San Jose**  
1400 Parkmoor Avenue  
Suite 100  
San Jose, CA 95126-3797  
Office: (408) 727-5775  
Toll Free in CA: (855) 727-5775  
Fax Numbers: General: (408) 286-1116, Education Department: (408) 286-1117
- 2. People First of California, Inc.**  
1225 8<sup>th</sup> Street  
Suite 360  
Sacramento, CA 95814-4804  
Office: (916) 552-6625  
Fax: (916) 441-3494  
Email: [info@peoplefirstca.gov](mailto:info@peoplefirstca.gov)
- 3. Rita Defilippis, Attorney**  
**Client Rights Advocate**  
**San Andreas Regional Center**  
300 Orchard City Drive  
Suite 170  
Campbell, CA 95008-2945  
Office: (408) 374-2470  
Fax: (408) 374-2956  
Email: [rita.defilippis@disabilityrightsca.org](mailto:rita.defilippis@disabilityrightsca.org)
- 4. Disability Rights of California (Attorneys)**  
1330 Broadway  
Suite 500  
Oakland, Ca. 94612-2505  
Office: (510) 267-1200  
Fax: (510) 267-1201  
Toll free: (800) 776-5746
- 5. Mental Health Advocacy Project**  
**Law Foundation of Silicon Valley**  
152 North Third Street  
3rd Floor  
San Jose, CA 95112-5516  
Office: (408) 293-4790  
Fax: (408) 293-0106  
Email: [mhapinfo@lawfoundation.org](mailto:mhapinfo@lawfoundation.org)

*NOTE: The Regional Center makes referrals for LEGAL assistance with conservatorships*

Contact Information for Reporting Abuse to Regulatory/Funding Agencies  
(Abuse can be physical, sexual, emotional, psychological, fiduciary or neglect)

**REGULATORY AGENCIES to CONTACT for ABUSE/NEGLECT REPORTING**

1. Adult Protective Services  
333 W. Julian Street  
Suite 100  
San Jose, CA 95110-2314  
Hotline: (800) 414-2002  
Phone: (408) 975-4900  
Fax: (408) 975-4910;
2. Child Protective Services  
2851 Junction Avenue  
San Jose, CA 95134-1910  
Phone: (866) 901-3212  
Fax: (408) 975-4910
3. Community Care Licensing  
2580 N. First Street  
Suite 350  
San Jose, CA 95131-1042  
Phone: (408) 324-2112  
Fax: (408) 324-2133
4. Court Investigator's Office  
Santa Clara County Superior Court (Probate Court)  
191 N. First Street  
Suite A  
San Jose, CA 95113-1006  
Phone: (408) 882-2761
5. Santa Clara County Police: Phone: 911

## FUNDING AGENCIES to CONTACT for ABUSE/NEGLECT REPORTING

### 1. San Andreas Regional Center, Campbell;

300 Orchard City Drive  
Suite 170  
Campbell, CA 95008-2945  
Office Phone: (408) 374-9960  
Fax: (408) 376-0586  
E-mail Address: [sircampbell@sarc.org](mailto:sircampbell@sarc.org)

#### **Salinas Office:**

344 Salinas Street  
Suite 207  
Salinas, CA 93901-2727  
Phone: (831) 759-7500  
Fax: (831)424-3007  
E-mail Address: [sirsalinas@sarc.org](mailto:sirsalinas@sarc.org)

#### **Watsonville Office:**

1110 Main Street  
Watsonville, CA 95076-3700  
Phone: (831) 728-1781  
Fax: (831) 728-5514  
E-mail Address: [sirwatsonville@sarc.org](mailto:sirwatsonville@sarc.org)

#### **Gilroy Office:**

7855 Wren Avenue  
Suite A  
Gilroy, CA 95020-4997  
Phone: (408) 846-8805  
Fax: (408) 846-5140  
E-mail Address: [sirgilroy@sarc.org](mailto:sirgilroy@sarc.org)

### 2. Department of Rehabilitation

100 Paseo De San Antonio  
Suite 324  
San Jose, CA. 95113-1479  
Phone: (408) 277-1355