



Health Services

Jeffrey Goodman Special Care Clinic
Mental Health Services
Sexual Health Program
Women's Health Program

CLIENT COMPLAINT AND GRIEVANCE PROCEDURE

Los Angeles LGBT Center

Los Angeles LGBT Center's ("the Center") Health Services encourages you to take an active part in your care. It is the Center's policy that you are entitled to express dissatisfaction if you experience problems with your care or if you feel you are treated unfairly as a client. You may make an oral complaint or file a written grievance if you are dissatisfied with services or information that you receive or with a decision affecting you made by a staff member, or if you feel that you are experiencing discrimination or mistreatment.

If you have a complaint or grievance, you have the following rights:

- To discuss the complaint or grievance with those who will be investigating it.
- To not be denied service or otherwise retaliated against because you have filed a complaint or grievance.
- To have your identity kept confidential to the extent practical and legally possible while still allowing for an investigation.
- To take any other avenues of review or redress provided by law even though you have used this complaint and grievance procedure.
- To request and be provided with copies of agency information related to the complaint or grievance (except information that is confidential or legally protected from disclosure). You may be required to pay a reproduction charge for this service.
- To have an advocate present at any meetings with the Center. You must provide this individual—who may be a friend, another client, family member, or formal advocate—at your own expense. Staff members of the Center may not act as your advocate in this way.

The following steps describe the procedure to follow if you have a complaint or grievance:

- Step 1** Talk to the staff member with whom you have a problem. Most issues can be resolved at this level as they arise.
- Step 2** If you feel you have not resolved the problem or are unwilling to speak directly to the staff member, you may complete a Client Relations Form (available upon request both in-person, over the phone, and online through our website) and ask that it be forwarded to the appropriate Program Manager. You may contact the Program Manager or Health Services Client Liaison for assistance in completing the form. No later than seven (7) business days following receipt of the Client Relations Form, the Program Manager will contact you to discuss the problem and come to a satisfactory resolution.
- Step 3** If the grievance is not resolved to your satisfaction at Step 2, you may present your grievance to the Client Liaison (or alternate). No later than seven (7) business days following receipt of the forwarded Client Relations Form and description of previous attempts to resolve the problem from the Program Manager, the Client Liaison (or alternate) will contact you to facilitate communication between you and program staff about the problem and to mediate a satisfactory resolution.
- Step 4** If you still feel that the problem has not been adequately addressed or resolved, you may present your grievance to the Center's Co-Director of Health Services. No later than seven (7) business days following receipt of the forwarded Client Relations Form and description of previous attempts at resolution from the Client Liaison (or alternate), the Co-Director will contact you to discuss and resolve the issue.

If you have accessed mental health services and feel that the problem has not been resolved, you also may request assistance from the Patients' Rights Office, Los Angeles County Department of Mental Health, by calling (213) 738-4949.

If you have accessed HIV medical services and feel that the problem has not been resolved, you also may request assistance from the Director, Los Angeles County Office of AIDS Programs and Policy, by calling (213) 351-8000.

If you have accessed Addiction Recovery Services and feel that the problem has not been resolved, you also may request assistance from either Substance Abuse Prevention and Control, a division of the County of Los Angeles Department of Public Health, by calling (626) 299-4193, or the California Department of Health Care Services, Substance Use Disorder Services, by calling (917) 440-7800.

Your signature below acknowledges that you have read and understand the client complaint and grievance procedure.

Signature: _____

Date: _____

**CLIENT COMPLAINT AND GRIEVANCE
PROCEDURE**

Name:

PF #: