

**Mental Health America of Northern Kentucky and Southwest Ohio
Grievance Form**

Policy: Any person wishing to file a grievance over service delivery or professional conduct or other issues of concern may do so. Grievance forms will be readily available and may be accessed on our website; www.mhankyswoh.org. The grievance must be put in writing; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance. The written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client’s grievance. The grievance must include, if available, the date, approximate time, and description of the incident and names of individuals involved in the incident or situation being grieved. MHA shall provide written acknowledgement of receipt of the grievance to each grievant within three business days from receipt of the grievance. The written acknowledgement will include, but not be limited to, the following: date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion of investigation and notification of resolution, and treatment provider contact name, address and phone number. MHA will make a resolution decision on the grievance within twenty business day of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification will be given to the client. The grievor will be offered the option to initiate a complaint with any or all of the several outside entities such as the Ohio’s County Mental Health Board, Ohio Mental Health and Addiction Services, The Ohio Legal Rights Service, the U.S. Department of Health and Human Services, Kentucky Protection & Advocacy, Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities, Kentucky Office of the Inspector General and appropriate professional licensing or regulatory associations. Those addresses and phone numbers can be given at request and found on the mhankyswoh.org website.

Please direct grievance to the following Client Rights Officer:

Ohio Services: Mindy Sponseller, 513-721-2910, 1001 W. Main Street, Suite E, Lebanon OH 45036 (Ashley Bailey can take grievances if Mindy Rolf is not available)

Kentucky Services:

Northern Kentucky Office: Mindy Sponseller, Director of Clinical Care Coordination 859-431-1077, 912 Scott Blvd, Covington, KY 41011

PIER Recovery Community Center: Tom Spicer, Team Lead

(Jill Bittner can take grievances if Mindy Sponseller or Tom Spicer are unavailable.)

Date of written Filing	
Client Name	
Address	
Phone Number	
Email:	
Complainant Name	
Address	
Phone Number	
Email	
Relationship to client	

Agency Name	
Date/time of Incident	
Location of Incident	
Staff Member involved #1	
Staff Member involved #2	
Staff member involved #3	

Indicate with a checkmark the client right which you feel has been violated.

<input type="checkbox"/>	The Right to dignity, respect, autonomy and privacy (Right #1)
<input type="checkbox"/>	The Right to protection from abuse and inhumane treatment (Right #2)
<input type="checkbox"/>	The Right to services in the least restrictive, feasible environment (Right #3)
<input type="checkbox"/>	The Right to participation in any appropriate/available service consistent with Individualized Service Plan, regardless of refusal of other service unless that service is a necessity to clear treatment reasons and requires person's participation (Right #4)
<input type="checkbox"/>	The Right to informed consent/refusal of any service, including medication absent an emergency (Right #5)
<input type="checkbox"/>	The Right to participate in development of Individualized Service plan (Right #6)
<input type="checkbox"/>	The Right to freedom from unnecessary medication and restraint/seclusion unless there is immediate risk to physical harm to self/others (Right #7)
<input type="checkbox"/>	The right to freedom from unusual or hazardous treatment (Right #8)
<input type="checkbox"/>	The Right to freedom from intrusion of one-way mirrors, tape recorders, movies (Right #9)
<input type="checkbox"/>	The Right to confidentiality (Right #10)
<input type="checkbox"/>	The Right to read and get copies of psychiatric, medical or treatment records (Right #11)
<input type="checkbox"/>	The Right to advance notice if any services are to be discontinued (Right #12)
<input type="checkbox"/>	The Right to clear explanation of denial of any service (Right #13)
<input type="checkbox"/>	The Right to non-discrimination (Right #14)
<input type="checkbox"/>	The Right to know the cost of services (Right #15)
<input type="checkbox"/>	The Right to be fully informed of all rights (Right #16)
<input type="checkbox"/>	The Right to exercise any and all rights without reprisal (Right #17)
<input type="checkbox"/>	The Right to file a grievance (Right #18)
<input type="checkbox"/>	The Right to have oral and written instructions for filing a grievance and assistance if requested (Right #19)
<input type="checkbox"/>	The Right to be informed of condition (Right #20)

For each of the above checked items, please provide a brief statement of what happened:

How did you (client/complainant) become aware of the problem?

What steps have you taken to resolve the issue before contacting MHA?

What are your expectations? What would you like to see happen?

Identify others with personal knowledge or observance of your grievance:

Other pertinent information you would like to share:

Signature of person filing grievance		Date submitted	
Signature of person assisting with grievance		Date submitted	
Signature of CRO receiving grievance		Date submitted	

Revised 9/21