

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division  <b>POLICY &amp; PROCEDURE</b>	Date Issued:  <b>2/01/2014</b>	Reviewed: <b>4/15/2013</b> By: <b>MG</b> Last Revision:	Section:  <b>ADMINISTRATION</b>	Policy No:  <b>007</b>	Pages:  <b>1 of 15</b> (9 Attachments)
<input checked="" type="checkbox"/> Delinquency and Court Services Division  <input checked="" type="checkbox"/> Children’s Court Services Network  <input checked="" type="checkbox"/> Purchase of Service Agencies	Effective Date:  <b>03/01/2014</b>	Subject:  <p style="text-align: center;"><b>Complaint and Grievance Process</b></p>			

## I. POLICY

It is the policy of Delinquency and Court Services Division (DCSD) that any youth or youth’s family that receives through DCSD, has the right to seek resolution to a complaint or grievance through the DCSD complaint/grievance process.

The purpose of this DCSD Complaint/Grievance Policy and Procedure is to provide a timely means to resolve complaints and grievances, to familiarize youth/family or their representatives with DCSD resources, and to use their suggestions or ideas to improve DCSD services.

*Note: Any youth, family, advocate or staff person assisting any person in the process of initiating an informal or formal complaint/grievance will NOT face any negative reproach and/or repercussions as a result of their assisting any person.*

## II. PROCEDURE

For the purpose of definition, the following applies:

**Complaint:** Any party’s dissatisfaction with any aspect of services, lack of services, and policy or procedure.

**Grievance:** Any youth or family member written dissatisfaction with the outcome of a complaint. The Grievance process is a formal procedure with specific dates, times and procedural requirements.

### A. Procedure Regarding Informal/Formal Complaints.

#### **Informal**

1. All parties are encouraged to initially attempt to resolve conflicts or concerns in an “informal” manner. This means initiating a discussion with the individual(s) with whom the conflict or concern has arisen. **Enrollees are also able to get issues resolved with assistance, without going through the formal, written complaint process.** The assigned worker or the assigned worker’s supervisor will attempt to resolve the complaint. If necessary, the complaint will be referred by the assigned worker or worker’s supervisor to Delinquency Management for their involvement and technical assistance. The complainant has the right to file a complaint at any time if he/she believes resolution cannot be achieved through the “informal” process.

**NOTE: DCSD will always attempt to resolve complaints immediately and on an informal basis.**

### **Formal**

1. If resolution cannot be achieved at the informal level, then the complainants may call the Delinquency and Court Services Division- Quality Assurance Department at (414) 257-5750 to make an inquiry or file a complaint, or they may complete the COMPLAINT/SUGGESTION FORM (*see Attachment 2 & Attachment 2A for Spanish version*) and submit it to the Delinquency and Court Services Division Quality Assurance Department. Complaints should be filed within 45 days of the time one becomes aware of the concern. Extensions of this suggested time frame may be granted.
2. Upon receiving the complaint, the DCSD Quality Assurance Coordinator or their Designee will review the information, speak with all/any necessary parties and complete the investigation, or forward the complaint to another identified investigator for follow up.
3. All attempts will be made to initially respond to the complainant within 10 business days with a final response or report determining substantiation or unsubstantiation to be completed within 30 days from the date the complaint was received. If the complaint is identified as “critical” in nature, then all efforts will be made to initially respond and resolve the issues within 2 working days or sooner, if possible.
4. When the Complaint outcome results in a decision adverse to a youth or family, the youth and/or his/her authorized representative will be advised of their right to submit a verbal or written Grievance to the Delinquency and Court Services Quality Assurance Department. A written grievance may be submitted in any form. However, the GRIEVANCE INITIATION form is recommended (*form A*).

### **B. Procedure from Formal Written/Verbal Grievances.**

1. When a written/verbal grievance is received at DCSD, the letter/contact will be date-stamped then logged onto the GRIEVANCE RECORD. (*See Attachment 4 - Form A-1.*) A written GRIEVANCE ACKNOWLEDGEMENT will be provided to the person submitting the grievance within five (5) business days of its receipt (*see Attachment 5 - Form B-1*).
2. All grievances will be investigated by the DCSD QA Program Coordinator (Program Level Review) or his or her designee. The decision makers responsible for reviewing a member’s grievance or appeal must not have participated in prior decision-making.
3. When the investigation is completed and information gathered, a Grievance Hearing will be held to review the grievance. The Grievance Hearing is to be scheduled within 15 days of receipt of the grievance. The Grievance Hearing will include Delinquency Management Staff, the assigned worker, and the assigned worker’s supervisor. If appropriate the youth or the youth’s family may be invited to participate.
4. A Grievance Hearing will be scheduled and the appropriate parties will be notified verbally and in writing by a GRIEVANCE HEARING NOTIFICATION (*see Attachment 6 -Form B-2*) at least seven (7) calendar days in advance of the Hearing and will be informed of the date, time and location of the Hearing.
5. Within thirty (30) calendar days of receipt of the initial grievance, the Grievant will be notified of the decision or action, by a GRIEVANCE HEARING DECISION letter (*see Attachment 7 - Form B-3*).
6. The decision will be logged onto the Grievance Record.

**C. Extensions to Resolve Grievances.**

Normally, DCSD will resolve a grievance within thirty (30) calendar days of receipt of the written grievance. The time period may be extended an additional thirty (30) calendar days if the Investigator requires more time to complete the investigation. If additional time is required, the Grievant will be notified in writing by a GRIEVANCE REVIEW – 30 DAY EXTENSION (see Attachment 8 - Form B-4) that the grievance has not been resolved, when the resolution is expected and why the additional time is needed.

**III. COMPLAINT/GRIEVANCE REVIEW GUIDELINES.**

- A. Any individual assigned to conduct a Complaint/Grievance investigation shall not have had any involvement in the conditions or activities forming the basis of the youth's or family's Complaint/Grievance, or have any other substantial interest in those matters arising from his or her relationship to the program or client, other than employment.
- B. Members of any Grievance Review/Appeal Committee may not have been involved in any prior decision making capacity regarding the basis of the Grievance.

**IV. CONFIDENTIAL FILES.**

All documents related to complaints and grievances will be maintained for 7 years from the date of the last decision that was reached in the youth's Children's Court Probation File.

**V. RECORD CLASSIFICATION/REPORTING.**

- A. Each grievance that is received will be logged onto the GRIEVANCE LOG (see Attachment 9), which will be maintained by the DCSD QA Coordinator or his or her designee.
- B. A report for any current or past grievance(s) will be honored by the DCSD QA Department and will be provided to the requestor within 15 days of receipt of the request.

**V. COMPLAINTS AND GRIEVANCES MADE TO PROVIDERS AND ADMINISTRATIVE SERVICES.**

- A. Any complaint that is made or grievance that is sent to a DCSD Provider or Administrative Service will be forwarded immediately to the Delinquency and Court Services Division Quality Assurance Coordinator. This provision will be included in any contract or agreement entered into with DCSD.
- B. When a Complaint or Grievance is forwarded by a Provider or Administrative Service to DCSD, the complaint/grievance processes described in II. A. 2. through F. will be followed.

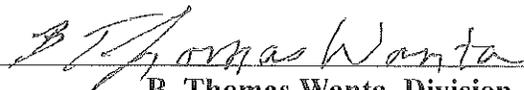
**VI. SUMMARY OF TIME FRAMES FOR COMPLAINTS AND GRIEVANCES.**

- A. Complaint or Grievance Filed.
- B. Notification of Receipt of Complaint or Grievance will be sent to Complainant/Grievant within five (5) days, respectively, of DCSD's receipt of the Complaint or Grievance.
- C. If a Complaint:
  - a. The final decision will be made and sent to the Complainant within 30 days of DCSD's receipt of the Complaint.
- D. If a Grievance:
  - a. The Grievant (*other than Urgent Care/Expedited*) must get 7 days advance notice of the scheduling of the Grievance Hearing.
  - b. A Grievance Hearing will be scheduled within 15 days of receipt of the Grievance.
  - c. The Grievant is notified of the decision within thirty (30) days of the receipt of the Grievance unless the DCSD notifies the Grievant of the need for a thirty (30) day extension.
  - d. All Grievances will be resolved within sixty (60) days of DCSD's receipt of the Grievance.

**VII. FORMS**

- COMPLAINT FORM
- GRIEVANCE INITIATION FORM A
- GRIEVANCE RECORD FORM A-1
- GRIEVANCE ACKNOWLEDEMENT FORM B-1
- GRIEVANCE HEARING NOTIFICATION FORM B-2
- GRIEVANCE HEARING DECISION FORM B-3
- GRIEVANCE REVIEW-30 DAY EXTENSION FORM B-4
- GRIEVANCE LOG

Reviewed & Approved By:



**B. Thomas Wanta, Division Administrator**

**Delinquency and Court Services Division (DCSD)**  
**Complaint/ Suggestion Form**

Today's Date:

Person Filing & Association:

<u>Parent:</u>	(Mother)/	(Father)
<u>Youth Name:</u>	<u>/DOB:</u>	<u>/Juvenile ID#</u>
<u>Address/ Zip Code:</u>		
<u>Phone:</u>		

Association with Delinquency and Court Services Division?    Parent or Caregiver    Youth    Provider  
(Circle one)

<u>Involved Human Service Worker (HSW)/ Number:</u>
<u>Involved HSW Supervisor (HSW Sup)/ Number:</u>
<u>Involved Youth:</u>
<u>Complaint Against:</u>

Complaint Details:

Resolution Efforts:

Follow-Up Desired by Filer:

**Person Completing Form**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**DCSD Complaint and Grievance Process – Policy & Procedure 007**

**II(A) Formal (4):** It is the policy of the Delinquency and Court Services Division (DCSD) that when the complaint outcome results in a decision adverse to a youth or family, the youth and/or his/her authorized representative will be advised of their right to submit a verbal or written Grievance to the DCSD Quality Assurance Department. A written grievance may be submitted in any form, however the Grievance Initiation form is recommended (See Form A – Attached).

**Delinquency and Court Services Division (DCSD)**

**Complaint/ Suggestion Resolution**

**Person Assigned To Investigate:** \_\_\_\_\_

**Date Assigned:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date Received by Investigator:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Completed and Submit by:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Results of Investigation:**

Investigation entailed:

**\*Follow-Up Desired from Filer:**

**Follow-Up Results:**

Finding:

~ Un/Substantiated for violation of standards and/or procedures ~

Rationale:

Recommendation:

~~~~~  
\*Failure to comply with the recommendations of the investigation could result in progressive disciplinary action.\*  
~~~~~

**Investigator's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**CC:**

- Complainant
- Complainee
- DCSD Quality Assurance File

**Enclosed:**

DCSD Grievance Initiation Form (Form A)

## Delinquency and Court Services Division FORMA DE QUEJA / SUGERENCIA

Debe ser completado por cualquier individuo que quiere reportar una queja o hacer una sugerencia sobre cualquier aspecto del programa Wraparound Milwaukee (i.e., Familias, Human Service Workers de Cuidado, Proveedores, etc.)

Fecha \_\_\_\_\_

Nombre de la Persona/ o de la Agencia llenando la Queja o Sugerencia \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_ Código Postal \_\_\_\_\_

Numero de Teléfono \_\_\_\_\_ Número de fax \_\_\_\_\_

Nombre del Coordinador de Cuidados (Si aplica) \_\_\_\_\_

Nombre de la Agencia del Coordinador de Cuidados \_\_\_\_\_

Nombre de la persona/ joven matriculada en DCSD \_\_\_\_\_  
(Si es relevante a la Queja o Sugerencia)

Si es una Queja, Nombre de la persona o Agencia de quien es la queja \_\_\_\_\_

**Detalles de la Queja o Sugerencias:** (Por favor sea específico incluyendo nombres, días, etc., cuando es aplicable.)

\_\_\_\_\_  
\_\_\_\_\_

*(Por favor utilice la parte de atrás de la forma o una hoja adicional si necesita mas espacio)*

**Si esto es una Queja, ¿que ha hecho usted en una tentativa de resolver su preocupación?** (Incluya por favor con quien usted ha hablado y el resultado de la conversación. *¿El equipo de la familia y el niño hablaron acerca de las preocupaciones?*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

¿Que usted quiere que ocurra como resultado de su queja o sugerencia?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firma de la persona que completo este formulario \_\_\_\_\_

Firma del Supervisor de la Agencia del Coordinador de Cuidados, si es que es un Coordinador de Cuidados el que esta completando la queja \_\_\_\_\_



DELINQUENCY AND COURT SERVICES DIVISION  
**GRIEVANCE INITIATION**

Name of Youth/Family \_\_\_\_\_

Human Service Worker/Provider \_\_\_\_\_

**Grievance Description** (include dates of relevant events, names, addresses & phone numbers of all parties):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Desired Resolution:**

\_\_\_\_\_  
\_\_\_\_\_

**Please Check One of the Following:**

- I request a meeting/hearing to discuss and try to resolve above grievance.
- I do not request a meeting/hearing at this time. I request a written response to my grievance.
- I request that the grievance be filed and do not desire any further action.

**Submitted By:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Send To: Delinquency and Court Services Division  
10201 West Watertown Plank Road  
Milwaukee, WI 53226  
Attn: De Shell Parker, Quality Assurance Coordinator  
Fax: (414) 257-7660

DELINQUENCY AND COURT DIVISION  
**GRIEVANCE RECORD**

Client Name \_\_\_\_\_ Client DOB \_\_\_\_\_

Grievance Submitted by \_\_\_\_\_

Phone \_\_\_\_\_ Human Service Worker \_\_\_\_\_

Description of Grievance (*verbal dissatisfaction - specify*): \_\_\_\_\_

Date Initiated \_\_\_\_\_ Desired Resolution \_\_\_\_\_

Was Grievant Contacted?  Yes  No If Yes, Date \_\_\_\_\_

Was Grievant Informed of Grievance Procedure?  Yes  No

**GRIEVANCE**

I. Division Administrator Review Date Received: \_\_\_\_\_

A. Describe in your own words, the nature of your Grievance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Grievance Hearing Date (*15 calendar days*): \_\_\_\_\_

Participants:

_____	_____
_____	_____
_____	_____

Resolution of Grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is an additional 30 days needed? (*check one*):  Yes  No

Signature of Person Completing this Form \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

DELINQUENCY AND COURT SERVICES DIVISION  
**GRIEVANCE ACKNOWLEDGMENT**  
*(Within 5 Days of Receipt of Written Grievance)*

[Date]  
[Grievant]  
[Address]

Re: [Client Name]  
[Client DOB]

Dear [Grievant]:

Delinquency and Court Services Division received your letter on [date] that expressed a Grievance concerning [description of grievance].

Your Grievance is important and will be evaluated by the appropriate Delinquency and Court Services Division staff member. In order for us to resolve your Grievance, we will need to review all important and available information related to your Grievance. We will schedule a Grievance Hearing with you within 15 days of Delinquency and Court Services Division's receipt of your Grievance.

You may contact the Delinquency and Court Services Division at (414) 257-7705 with any questions you may have regarding the Grievance process.

Sincerely,

Quality Assurance Department  
Delinquency and Court Services Division

cc: Human Service Worker  
Care Coordinator  
Probation File

DELINQUENCY AND COURT SERVICES DIVISION  
**GRIEVANCE HEARING NOTIFICATION**

*(Within 15 Days of Receipt)*

[Date]  
[Grievant]  
[Address]

Re: [Client Name]  
[Client DOB]

Dear [Grievant]:

Your Grievance will be presented to Delinquency and Court Services Division on [date].

The Hearing will take place at [time, date, place of Hearing].

You have the right to be present at the Grievance Hearing to present additional written or verbal information that is important to your grievance.

You may contact the Delinquency Court Services Division at (414) 257-7705 with any questions you may have regarding the Grievance Hearing.

Sincerely,

Quality Assurance Department  
Delinquency and Court Services Division

cc: Human Service Worker  
Care Coordinator  
Probation File

DELINQUENCY AND COURT SERVICES DIVISION  
**GRIEVANCE HEARING DECISION**  
*(Within 30 Days of Receipt)*

[Date]  
[Grievant]  
[Address]

Re: [Client Name]  
[Client DOB]

Dear [Grievant]:

Delinquency and Court Services Division's Grievance Committee met on [date] to hear your Grievance. [You were at the Hearing to present {verbal or written} additional information OR You were not at the Hearing to present verbal or written information].

After evaluating the available information, the decision was to [describe]. The Delinquency and Court Services Division Grievance Committee Hearing is the final Grievance process available to you through Delinquency and Court Services Division. You may appeal the Committee's decision to the Wisconsin Department of Health and Human Services.

If Delinquency and Court Services Division can be of assistance to you in this or other matters, please feel free to call Quality Assurance Department at (414) 257-5750.

Sincerely,

Quality Assurance Department  
Delinquency and Court Services Division

cc: Human Service Worker  
Probation File

DELINQUENCY AND COURT SERVICES DIVISION  
**GRIEVANCE REVIEW – 30 DAY EXTENSION**  
*(Within 60 Days of Receipt)*

[Date]  
[Grievant]  
[Address]

Re: [Client Name]  
[Client DOB]

Dear [Grievant]:

In order for the Delinquency and Court Services Division to resolve your Grievance, which we received on [date], we will require an additional thirty (30) calendar days. This additional time is needed to:

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Following receipt of the additional information, your Grievance will be evaluated in a timely manner. It is expected that a resolution to your Grievance will be reached no later than [date – 30 calendar days from date of this letter]. You will be notified of this decision.

You may contact the Delinquency and Court Services Division Quality Assurance Department at (414) 257-5750 with any questions you may have.

Sincerely,

Quality Assurance Department  
Delinquency and Court Services Division

cc: Human Service Worker  
Probation File