

Health and Human Services

**CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
CLIENT RIGHTS AND COMPLAINT PROCESS**

I. PURPOSE.

Calumet County Department of Health and Human Services is committed to the provision of high quality services delivered in a manner which insures that the rights of recipients are protected.

This packet of materials was developed to inform you what recourse is available to you in the event you feel that any of your rights have been violated or denied, or if you are not satisfied with any of the services you have requested or received. If you do not understand this material, the Complaint Investigator (listed below) will explain it to you.

II. GENERAL.

A. Definition of Complaint.

Complaint is a grievance, difficulty, disagreement, or dispute concerning the manner in which the Department has served a client or a citizen. It may be based on the statutory rights afforded to clients and citizens. Any client or other person may use the complaint procedure. This procedure is in addition to, and does not limit, the right to pursue other remedies, including the court process, available to the client.

If your complaint is in regard to the services of an organization the Department contracts with, your complaint should be directed to the Complaint Investigator of that organization. If your complaint has not been satisfactorily resolved by that agency, you may then file your complaint with the Calumet County Department of Health and Human Services using the process outlined below.

B. Complaint Investigator.

The Complaint Investigator for the Calumet County Department of Health and Human Services

Department is:

Lynn Brenner, Deputy Director
Calumet County Department of Health and Human Services
206 Court Street, Chilton, WI 53014
920-849-1400, (833) 620-2730

If the Complaint Investigator has a conflict of interest in the complaint filed, an alternative complaint

investigator will be assigned by the Agency Director.

C. Time Limit.

The prompt filing of a complaint will result in a more accurate and effective investigation and resolution. The complainant must file any complaint within thirty (30) working days of the date of occurrence giving rise to the complaint. Complaints which are not filed within the time limit will not be considered unless good cause is shown. Good cause means justifiable reasons for the delay, such as sickness.

D. The usual first step in resolving any complaint is to discuss the matter with the other parties involved in an attempt to negotiate a settlement of the dispute. Such informal means can often resolve a problem at a stage prior to formal procedures. Many complaints can be resolved more quickly and satisfactorily in this manner. You are encouraged, but not required, to attempt to resolve any problem informally prior to filing a formal complaint.

E. If your complaint has not been satisfactorily resolved through (or if you have chosen not to use) informal means, you should file a formal complaint through the following complaint procedure.

F. A complaint form is attached to this packet. You are not required to use this form. However, since it asks you to supply all of the information needed to investigate your complaint, using it will make investigation of your complaint easier. Additional forms may be obtained from any employee of the Calumet County Department of Health and Human Services. You may also contact the Complaint Investigator to file your complaint.

III. COMPLAINT PROCESS STEPS

A. Step One -- Complaint Procedure. The County Complaint Investigator (CI) is Step One. The CI will investigate the complaint.

First, the CI will attempt to informally conciliate the complaint. The CI will review the complaint and may interview the client to learn the basis for the complaint. The CI will then discuss the complaint with the Department or provider staff involved to determine if an informal resolution is possible. Informal conciliation shall be conducted within 7 working days of receipt of the grievance.

If informal conciliation fails, the CI is to conduct an informal hearing within 14 working days of the receipt of the grievance. The informal hearing shall involve the complainant and the Department or provider staff involved in the complaint. The CI shall conduct the hearing to afford the grievant the opportunity to state the basis for the complaint, present evidence and question Department or provider staff with information concerning the complaint.

The CI shall issue a written decision concerning the grievance within 2 working days of the hearing.

B. Step Two -- Formal Hearing Before Director. If the complaint is not resolved, you may go onto Step Two by notifying the Director within 5 working days of receipt of the decision as to your

Intention to proceed. You may use the attached Step Two Form or request assistance from the Complaint Investigator. The Director will review the CI's report and issue a formal written decision within 5 working days and send it to the grievant.

- C. Step Three -- Agency Board. If the complainant is dissatisfied with the decision made by the Director at Step Two, the grievant may appeal that decision to Step Three within 5 working days of receipt of the decision using the attached Step Three form. Step three is the Human Services Board. A Health and Human Services Board meeting will be scheduled within 7 working days to hear the complaint. The Human Services Board will issue a decision as to whether or not the Step Two decision will be upheld, overturned, or modified in any way within 2 working days. As part of making an appeal to Step Three, the grievant shall give written consent for the Health and Human Services Board to have access to information that would otherwise be confidential.

Step One and Two shall be bypassed whenever a complaint is filed against the Agency Director or when the complaint alleges specific allegations of unethical or unlawful actions which implicate Department Management. If the CI determines during the course of Step One that such allegations are present, the matter should be referred to Step Three.

In the absence of the Complaint Investigator or Director a designee will be appointed to handle Step I and Step II of the process.

IV. MISCELLANEOUS PROVISIONS.

- A. If your application was not taken, or you were told you were not eligible for a particular program, BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency or administrative hearing review. Your right to this review or hearing does not need to be connected to a discrimination complaint.
- B. There is no limit to the number of complaints a person may file. Except in emergency situations, complaints will be investigated in the order received.
- C. More than one complaint by one or more persons concerning the same issue or incident may be processed as one complaint.
- D. Time limits in the procedure may be extended by mutual consent.
- E. No person may be subjected to any form of retribution for their use or participation in this procedure. Such retribution is a matter for complaint itself.
- F. Any mutually acceptable decision, reached at any step in the procedure, to correct or change an agency action will be implemented within a reasonable time. If you believe the implementation has not occurred within a reasonable time you may take your complaint to the next step.
- G. You may be assisted or represented by a friend, relative, attorney or lay advocate at any step in the procedure. You will need to give written consent in order for those representatives to have access to information that would otherwise be confidential. If you are represented by an

attorney, you are responsible for any attorney fees.

- H. At each step of the Complaint process, a written decision will be issued and the report will include a summary of the complaint, the scope of the investigation, facts that support or refute the complaint, the decision and reasons for the decision. The findings and resolutions of the complaint at each step of the process will be sent to you in writing in a language understandable to you. For persons with visual impairments, or other impairments which prevent them from reading the procedure, the resolution of the complaint will be transmitted by a method which will be understood by the complainant.
- I. The records and reports relating to the complaint will be retained for at least six years from the date of final disposition of the complaint by Calumet County.
- J. You have the right to special equipment or services to help you have an equal opportunity to benefit from services you receive and to participate in this complaint process. This includes interpreters, Braille or taped material.

V. FAIR HEARINGS

If the service you are requesting or receiving is funded through Social Services Block Grants, you also have the right to a Fair Hearing before the State Department of Health and Social Services under Wisconsin Administrative Code PW 20.18 when an application is not acted upon with reasonable promptness or if you are not satisfied with the action taken. A Fair Hearing is a proceeding before an impartial employee of the State agency. The request for the Fair Hearing must be made within 90 days of the decision or inaction to be reviewed. A complaint may be initiated orally or in person by letter or by form.

VI. OTHER APPEAL REMEDIES.

In addition to this complaint process you may also file your complaint with a number of other State and Federal Agencies. Complaints about perceived discrimination must be filed within 180 days of the event.

Complaints may be filed directly with the following agencies:

Social Services, Mental Health
Substance Abuse, Developmental
Disabilities, Child Welfare,
Juvenile Court, Foster Care,
Long-Term Support

WISCONSIN DEPT. OF HEALTH &
SOCIAL SOCIAL SVCS. DIVISION OF
COMMUNITY SERVICES (ATTN:
AFFIRMATIVE ACTION/CIVIL RIGHTS
COMPLIANCE OFFICER)

*P.O. Box 7851
Madison, WI 53707
V/TDD: (608) 266-6836*

W-2, Child Support, Emergency Assistance, Food Stamps & Food Stamp Employment and Training, Learnfare, Day Care, Community Service Jobs, Wisconsin Works (W-2) Transitions, Job Access Loans, Medical Assistance Eligibility, Refugee Services.

Unsubsidized and Trial Jobs Complaints.

Medical Assistance Service Providers.

Wisconsin Dept. of Workforce Development
Division of Economic Support
ATTN: Equal Opportunity Officer
P.O. Box 7935
Madison, WI 53707-7935
(V/TDD)(608)267-0927

Equal Rights Office
201 E Washington Ave, Room 407
P.O. Box 8928
Madison, WI 53708
Telephone: (608) 266-6860
TDD (Hearing impaired):
(608) 264-8752

Equal Rights Office
819 North Sixth Street, Room 255
Milwaukee, WI 53203
Telephone: (414) 227-4384
TDD (Hearing Impaired):
(414) 227-4081

Wisconsin Dept. of Health & Family Services
Division of Management and Technology
Bureau of Personnel and Employment Relations
1 W. Wilson, Room 672
P.O. Box 7850
Madison, WI 53707
(V/TDD) (608) 266-3465

Formal Discrimination Complaint
about any of the above services,
except food stamps.

U.S. Dept. of Health and Human Svcs
Office for Civil Rights
105 West Adams St
Chicago, IL 60603
Telephone: (312) 886-2359
TDD: (312) 353-5693

Formal Discrimination Complaint
about any program.

U.S. Dept. of Justice
Civil Rights Division
10th and Pennsylvania Ave. NW
Washington, DC 20530
Telephone: (202) 514-0301 or
TDD: (800) 800-3302

Formal Discrimination complaint
for Food Stamps.

U.S. Dept. of Agriculture
Civil Rights Program
Food and Consumer Services
77 West Jackson Blvd., 20th Floor
Chicago, IL 60604-3507

Complaints filed with either of the agencies in #6, MUST be filed within 180 days of the event or incidence of perceived discrimination.

COMPLAINT/GRIEVANCE FORM – STEP I

Your Name _____

Name of Client _____
(if different)

Your Address _____

Your Phone No. _____

Name of the Agency and/or employee against whom the complaint is filed.

Describe the action or treatment which you are filing the complaint about. Include information about who, what, when, where, how, and why, and the names, addresses, and phone numbers of any witnesses if you know them. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached if you need to add more pages.

NOTE: THERE IS MORE ON THE BACK OF THIS PAGE. If you would like help in filling out this form, please contact us at the numbers listed above and ask to speak with the Deputy Director, who is the complaint investigator for the Department.

Complaint/Grievance Form – Step I Continued...

What do you want Calumet County Department of Human Services to do in response to your grievance?

Send complaint form to:

Lynn Brenner

Calumet County Department of Health & Human Services

206 Court Street

Chilton, WI 53014

Signature

Date