

Grievance Form

Intensive In-Home Services



Please complete the form below or contact your counselor's supervisor to report your grievance. His/her phone number is in the front of your family handbook. You may also mail your grievance to the address located in the front of your handbook.

Name of Child: _____ Date: _____

Name of Parent/Guardian: _____ Date: _____

Counselor Name: _____ Date: _____

Supervisor Name: _____ Date: _____

Concern/Situation: _____

Staff Initial: _____
Received: _____



Type of Resolution: ___ Verbal ___ Written

Resolution to Problem: _____

Investigated and Resolved by: _____ Date: _____

Parties Involved in Resolution: _____

Following the investigation by Youth Villages, if you are still unsatisfied, you may contact the Joint Commission Office of Quality Monitoring at 1-800-994-6610. If your child is served in Massachusetts, you may contact the Client Assistance Program at (617) 727-7440, One Ashburn Place, Room 1305, Boston, MA

Grievance Procedure

1. Youth Villages' staff members will conduct training as needed to make sure that youths and employees know the following:
 - A. How and when to complete a grievance form
 - B. Where to turn in the grievance form
 - C. What happens to the grievance form after it is turned in
2. A grievance form is included in your handbook.
3. If you or your family is dissatisfied with Youth Villages In-Home services, you shall have the right to discuss the matter with your counselor or the Clinical Supervisor.
4. If you or family remains dissatisfied after talking to the Clinical Supervisor, the Clinical Supervisor shall inform the Regional Supervisor of the unresolved grievance. The Clinical Supervisor may also inform you that they may contact the Regional Supervisor directly if desired.
5. At any point in this process, you or family member can report a grievance directly to a program's director or your local human rights advocate.
6. You and your family will be protected against having to file or present a grievance to the person complained about in the grievance. If the Clinical Supervisor is the person complained about in the grievance, you will have the option to file the grievance with the Director or Chief Operations Officer directly.
7. If your initial grievance complaint involves a violation of your individual rights, the program director and local human rights advocate will be notified immediately or within 24 hours of receipt of the grievance.
8. You may express your grievances either orally or in writing. Youth Villages shall ensure that you or your family have access to all assistance you need in filling out any forms necessary for filing grievances.
9. You, your personal representative, your legal guardian, or another party acting on your behalf may file a grievance.
10. The appropriate Youth Villages' staff member will discuss the complaint with you or your family and notify you of your right to pursue the complaint through a formal or informal process.
11. If serious harm will result if an immediate resolution is not reached, the local human rights advocate can refer the grievance directly to the local human rights committee for resolution.
12. The grievance procedure form identifies that, if following an investigation by Youth Villages you are still unsatisfied, you can contact your respective state advocacy/human rights entity. The contact information for such entity is provided on the form.

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Revised: 12/19/11