



## Harbor Interfaith Services

### **PARTICIPANT RIGHTS AND GRIEVANCE POLICY**

#### **NON-DISCRIMINATION STATEMENT**

Clients shall not be discriminated against in the provision of services because of race, color, religion, national origin, ethnic identification, ancestry, sex, age, condition of physical or mental handicap, in accordance with requirements of federal and state laws, or in any manner on the basis of the client's sexual orientation.

#### **CONFIDENTIALITY OF RECORDS**

Clients have the right to view his/her own records, to confidential handling of all communications and records pertaining to his/her participation in the program. This agency will not report that a person is a client of this agency to anyone outside the program unless the client consents in writing, the disclosure is allowed by court order, or the disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit, or program evaluation. Limits to confidentiality are: child abuse, elder abuse, dependent adult abuse, danger to others (duty to warn), danger to self (right to warn), and danger to property (right to warn).

#### **PROGRAM RULES AND REGULATIONS**

Clients must adhere to the program rules and regulations in order to preserve every program participant's right and opportunity to benefit fully from program services.

#### **GRIEVANCE PROCEDURES**

Clients have the right to receive competent, considerate and respectful care by the agency's staff. If a client is dissatisfied with the services he/she is receiving, he/she may proceed as follows:

1. Speak with his/her assigned case manager:

If the client does not feel staff response was satisfactory, they may bring the concerns to the supervisor.

2. Speak with the identified staff supervisor.

- (310) 831-9123 (Martha Flecha-Raza, Family Resource Center-FRC)
- (310) 831-0589 (Sharon Stewart, SPA 8 Coordinated Entry System (CES) Families)
- (310) 831-5729 (Kelli Micheau, Family Shelter and Accelerated Learning & Living)
- (424) 276-3602 (Breanna Jaijairam, SPA 8 Coordinated Entry System(CES) Adults & Youth)
- (310) 547-3762 (Isabel Lopez, Children's Center)



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Every effort will be made to resolve the matter at this level. However, if dissatisfaction is still evident, the client may be referred to the Director of the Coordinated Entry System (CES) and/or the Executive Director at (310) 831-0603.

3. The grievance must be in writing and can be sent to or dropped off in person to the Executive Director at 670 W. 9<sup>th</sup> Street, San Pedro, CA 90731.

After review of the grievance, an appointment will be made with the Executive Director, Director of the Coordinated Entry System, Program Director, and if necessary, the assigned case manager, for the purpose of conflict resolution. The entire process will be addressed within 72 business hours of receipt of the complaint in writing. Review of grievance will be take place in a confidential meeting area. A notice of the provider decision will be in writing and issued to the client within 48 hours of the formal meeting.

4. If dissatisfaction is still evident on the complainant's part, the client may be referred to the Office of the Los Angeles City Attorney Dispute Resolution Program, City Hall 200 North Spring Street, 14th Floor, Los Angeles, California 90012, Office: (213) 978-1880 email: [mediate@lacity.org](mailto:mediate@lacity.org), within 48 hours for final resolution.
5. LAHSA will be notified in writing of all unresolved grievances that are referred to an outside agency (as listed in #4 above). All completed forms will be submitted to the Grievance Coordinator at the Los Angeles Homeless Services Authority (LAHSA) 811 Wilshire Blvd., Suite 600 Los Angeles, California 90017, Fax (213) 892-0093.

The above-referenced grievance procedures must be followed as written above. All grievances in writing will be kept on file in the designated program, for up to five years.

### **APPEAL PROCESS FOR DISCHARGE**

I have read and understand the client rights and grievance procedure and acknowledge this by my signature:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_