



# COUNTY OF DUKES COUNTY

## Martha's Vineyard & Elizabeth Islands

### DUKES COUNTY SOCIAL SERVICES



#### CLIENT GRIEVANCE REPORTING AND PROCEDURE FORM

It is the policy of Dukes County Social Services to treat all clients with fairness and professionalism and to strive for excellence in providing services to clients. The Dukes County Social Services (DCSS) policy provides clients and their families or legal guardians with the opportunity to express a problem or grievance related to the quality of services. If you feel you have been treated unfairly, unprofessionally or feel that your rights have been breached, the following procedure should be used.

The DCSS grievance procedure is designed to provide a means for those applying for DCSS' services and clients receiving services to bring a grievance to the attention of DCSS and to reach a speedy resolution. DCSS has a strict policy prohibiting retaliation in any form against anyone who files a grievance.

A grievance is defined as any situation or condition that a client thinks is unfair, unjust, inequitable or inadequate. In addition, if a client merely states they want to file a grievance, a grievance should be completed. All information received as part of the grievance process will be kept confidential. Under this Client Grievance Procedure, you should submit a grievance in the following sequence:

1. If you have a grievance, the concern can be discussed with DCSS staff. If you decide to speak to a DCSS employee and the matter has not been resolved to your satisfaction, you may choose to discuss your concerns with the DCSS Program Supervisor.
2. You can file a written grievance without any discussion with the staff to the DCSS Program Supervisor. Grievance forms\* can be obtained at the following locations:
  - On the County website.
  - By calling the County Manager's Office at (508) 696-3840
  - Requesting the form from the DCSS staff.

Once a written grievance has been received by the DCSS Program Supervisor, he/she will initiate an investigation within two business days and provide you with an acknowledgment of receipt of the grievance and describe the actions that will be taken within 7 business days.

DCSS Program Supervisor will report the outcome of the complaint investigation to you within 14 business days from receipt of the written grievance. If it has not been possible to gather the necessary information that would lead to a resolution by 14 days, you will be notified and given a new date, up to 30 days, by which a resolution or determination will be made.

3. If you are unsatisfied, for any reason, with the results of the grievance, you may contact the Dukes County Manager at 508-696-3840 or at [manager@dukescounty.org](mailto:manager@dukescounty.org) to further discuss the matter. The County Manager will conduct a review of the matter and will respond to you in writing within 10 business days. The County Manager's decision and recommendations will be final.

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## Dukes County Social Services Grievance Form:

Date of Report: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Program or Location: \_\_\_\_\_

When did the event or incident happen?

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

Time: \_\_\_\_\_

Names of all persons involved: \_\_\_\_\_

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Describe the event or incident that prompted this complaint or grievance. If you need additional space or has additional documentation to submit please attach it to the grievance form.

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Describe what would you like the positive outcome of this grievance to be:

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Signature

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Date