POLICY:
A grievance is any problem that affects a patient/client or group of patient/clients resulting from care being provided within the Cowlitz Health and Human Services Department. The grievance process will be kept as informal and confidential as possible. If the Patient/client alleges abuse, exploitation, neglect, harassment, or deprivation of basic rights by an employee, the HHS director will be immediately notified and appropriate actions will be taken to protect the safety of the patient/client. Timeliness is important in handling grievances and each step in the process should be completed within ten (10) business days to ensure the patient/client receives prompt and fair action.

All Cowlitz Indian Tribe, Health and Human Services Department individuals have the right to a fair and impartial hearing regarding their rights and agency decisions affecting their welfare or status as an individual receiving services. You have the right to voice concerns or complaints or appeal decisions without fear of retaliation, exploitation, humiliation, or compromising your access to services.

Step 1 – The patient/client verbally or in writing relates the complaint to the employee involved and together they try to work out a satisfactory agreement.

Step 2 – If a satisfactory agreement is not reached in Step 1, the patient/client may provide the grievance in writing to the supervisor. The supervisor will meet with the patient/client and respond in writing within ten (10) business day.

Step 3 – If a satisfactory agreement is not reached in Step 2, the patient/client may provide the grievance in writing to the Program Manager or the Health and Human Services Director as appropriate. The Program Manager or Health and Human Services Director will meet with the patient/client and respond in writing within ten (10) business day.

Step 4 – If a satisfactory agreement is not reached in Step 3, the patient/client may request the grievance be referred to the Health Board for review at their next scheduled meeting. The Health Board may make inquiries or request additional information as needed to resolve the grievance. The Health Board will provide their decision to the individual in writing, as soon as time allows.

You also have the right to file a complaint with the Department of Health and/or Client Assistance Program, if applicable, by calling or sending a letter to:

Client Assistance Program
2531 Rainier Ave. S.
Seattle, WA 98144
1-800-544-2121
1-888-721-6072 TTY

Washington State Department of Health
Health Professions Quality Assurance
PO BOX 47865
Olympia, WA 98504-7865
(360) 236-4700