

Mental Health Services  
Community Residence

Grievance Procedure

Resident may submit a grievance and/or communicate complaints that he/she may have within any PSCH, Inc. program.

A grievance/complaint may be communicated verbally or in writing, and shall be responded to expediently.

When a grievance/complaint is communicated and unable to be resolved by the Program Manager, it should be directed to the responsible Assistant Director of Mental Health Services.

The Assistant Director shall meet with the individual(s) voicing the grievance/complaint within a reasonable amount of time, in an attempt to resolve any existing difficulties.

If the situation requires, the Assistant Director of Mental Health Services shall do a thorough investigation and respond personally to the resident

The response shall include the findings of the investigation and plans for resolution of the grievance/complaint.

If the resident(s) is/are not satisfied with the response or plans for resolutions, he/she/they may inform the Director of Mental Health Services at (718) 559-0583.

A written report including the resident' s/residents' grievance/complaint, the findings of the investigation and plans for resolution shall be forwarded to the Director of Mental Health Services for review.

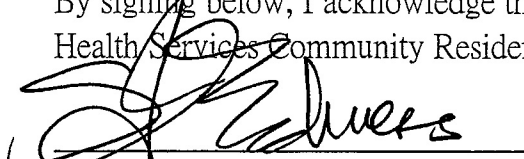
The Director of Mental Health Services will inform the PSCH, Inc. Quality Assurance Department of the grievances/complaint.

The Quality Assurance Department will proceed with an investigation and present its findings and plans for resolution to the consumer(s) making the grievance/complaint.

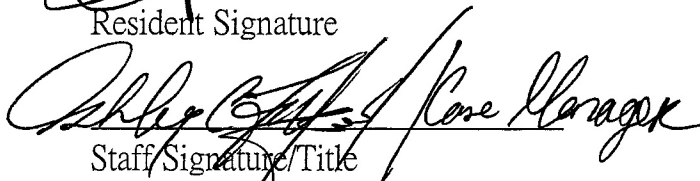
If the consumer(s) is/are still not satisfied, a representative from the Quality Improvement and Assurance Department shall inform the consumer(s) of the process by which he/she/they may request review by the New York State Office of Mental Health. The address and phone numbers are listed below:

Office of Mental Health  
Long Island Field Office  
998 Crooked Hill Rd.  
Bldg 45  
West Brentwood, NY 11717  
Phone: 631-761-2508

By signing below, I acknowledge that I have received a copy of the PSCH, Inc. Mental Health Services Community Residence Grievance Procedure.

  
Resident Signature

6/30/2015  
Date

  
Staff Signature/Title

6/30/15  
Date