

Gilead Community Services, Inc.
Client Problem Resolution Procedure Acknowledgement Form

Gilead Community Services, Inc. and its staff strive to uphold the rights of all its clients at all times while providing the best possible clinical treatment. However, if at any time you have a complaint regarding your care or feel that your rights have been violated, you are encouraged to use the following procedure in an attempt to resolve your concerns as quickly and effectively as possible (please refer to the actual policy & procedure for complete details). At your request, the Client Rights & Privacy Officer and/or advocacy services are available to assist you with this procedure. No client shall be subject to retaliation or barriers to services as a result of filing a complaint or grievance.

Client Problem Resolution Procedure Summary

1. You should first raise your concern directly with the staff person with whom you have the problem in an effort to work together to resolve it.
 2. If you are not satisfied, you should next complete a Complaint Form (available from the Client Rights & Privacy Officer or any staff person) and submit it to the Program Director who will provide a written response in 5 working days.
 3. If you remain unsatisfied after receiving the Program Director's response, as a final step, you may submit your complaint form & the Program Director's written response to Gilead Community Services' Associate Director.
 4. The Associate Director will review your complaint & provide you with a final written response and any proposed resolution within 7 working days.
- NOTE: If your complaint is regarding a violation of your privacy rights, you may also choose to file a complaint directly to the Client Rights & Privacy Officer, and/or the Secretary of the Department of Health and Human Services at the Patient Relations Office, One American Row, Hartford, CT (Phone #: 860-251-5000).

I, _____ (print name), acknowledge that I understand and have read and/or discussed the Client Problem Resolution Procedure with staff. I was also given an opportunity to ask questions and was offered a copy of the associated policies & procedure for future reference.

Client Signature: _____

Date: _____

Conservator/Guardian Signature: _____
(If Applicable)

Date: _____