



PROSPECTIVE CLIENT/CLIENT GRIEVANCE PROCEDURE

Your Right to File a Grievance

You have a right to file a grievance if you believe the Disability Rights Arizona (DRAZ) is not operating in compliance with federal statutes. This includes current or future clients, family members of clients, or representatives of clients. For example, you can file a grievance if:

1. You asked for help from the DRAZ, but were told you are not eligible for assistance, and you think this decision was wrong based on the DRAZ's federal grants, priorities, or resources; or
2. You are currently receiving services and are not satisfied with the service or assistance; or
3. The help you were receiving ended and you disagree with the DRAZ's decision to deny further help.

Your grievance is confidential. We encourage the use of our grievance process, and will never treat anyone unfairly because they have filed a grievance.

Each year, the DRAZ provides our Board of Directors a report on the grievances we received.

How to File a Grievance

Filing an INFORMAL Complaint (Optional):

- Step 1: We encourage you to begin to resolve your complaints informally. If you are not happy with our intake services or other issues, discuss the issue with the staff member directly, or with his or her supervisor. DRAZ will respond to an informal complaint within 10 workdays.
- Step 2: If you are still not happy with the legal services you have been receiving, you may submit an informal grievance to DRAZ's Legal Director or their designee. He or she will respond within 10 workdays. If the informal grievance is not resolved, or if you decide to file a formal grievance, see below.

Filing a FORMAL Grievance:

Step 1: **A formal grievance must be filed within 30 work days after the date of the action, conduct, or decision you disagree with OR the informal complaint is not satisfactorily resolved.** See “How to File a Grievance” for which information to include. The Chief Executive Officer (CEO) will review your grievance and any additional materials, and will respond in writing within 30 workdays of receiving the grievance, unless the CEO indicates that he or she needs more time.

Step 2: If you are not satisfied with the CEO’s response, you may appeal to the Executive Committee of the Board of Directors within 15 workdays of receiving the response. The Executive Committee will respond within 45 workdays of receiving your appeal, unless it indicates that it needs more time. The Executive Committee’s decision is the final determination of the DRAZ.

Please note: If your grievance is against the Legal Director, you can begin your grievance with the CEO.

If your grievance is against the CEO, you can begin your grievance with the Board of Directors.

How to File a Grievance

You can send us your grievance by completing the form below. You may also write a letter, send a fax or an e-mail. If you choose to write a letter, it should include:

1. Your name, address, telephone number, email address, and date of grievance;
2. Describe the type of help that you requested from the DRAZ;
3. The date(s) when you requested service(s) and when DRAZ responded to your request;
4. What the DRAZ decided or did that was wrong, and why you believe it was wrong;
5. The legal obligation, if any, that you believe DRAZ has violated;
6. Anything else DRAZ should know about your case.

GRIEVANCE FORM

Please put an “X” in the box next to the sections that apply to your concerns and complete those sections. You must sign and date the last page of this form, and include your address, telephone number and e-mail address (if you have them).

You may attach other information that you would like us to consider. All information you provide is considered confidential in accordance with DRAZ’s Policy.



DRAZ GRIEVANCE FORM

Check box below to tell us where you would like to begin the grievance process. For more information, see page 1, [How to File a Grievance](#).

Informal Grievance

Formal Grievance

Please describe the type of help that you requested from the DRAZ:

I was told that DRAZ would not provide me services. I was told on this date:

_____ . I disagree with this decision because: _____

I am unhappy with the services that I am receiving because: _____

I disagree with the decision of DRAZ to limit services to me or to close my case. I

was told about the decision on this date: _____ . I disagree because: _____

I believe that DRAZ has treated me unfairly or has not carried out its legal obligations, because: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

PLEASE ATTACH ADDITIONAL EXPLANATION AND/OR SUPPORTING MATERIALS IF NECESSARY.

When completed, mail this form to:

Chief Executive Officer
Disability Rights Arizona
5025 E. Washington St., Suite 202
Phoenix, Arizona 85034-7439

Or Fax to: (602) 274-6779

Or email to: center@disabilityrightsaz.org

NOTE: If you need help filling out this form, please contact DRAZ:
Voice: 602-274-6287 or 1-800-927-2260