



Grievance Policy

As the Protection and Advocacy (P&A) system in South Carolina, we intend to:

- Operate in compliance with the federal laws regarding protection and advocacy programs for people with disabilities
- Provide appropriate services to individuals with disabilities and to treat them with respect while we are assisting them

To assure that individuals have full access to our programs and that we are operating in compliance with federal protection and advocacy acts, we recognize the right of:

- Clients or prospective clients of the P&A system to grieve any action or decision relating to the services we may provide to them
- Individuals who receive or have received mental health services or are otherwise eligible for any federal protection and advocacy program, their families, or representatives of such individuals or family members to grieve how we operate our protection and advocacy programs

Our grievance procedure allows for complaints to be resolved at several levels, including our team leaders, our Executive Director, and our Board of Directors. Grievances which have not been resolved at one level can be appealed to the next level.

Grievances must:

- Be made within sixty (60) days of the action or decision that is the basis for the complaint OR
- Relate to a case that is currently open with Disability Rights South Carolina (DRSC) OR
- Relate to how DRSC is currently operating a protection and advocacy program

Except in extraordinary circumstances, grievances that do not meet any of these requirements will be rejected.

We handle grievances using the following procedure:

1. **STARTING A GRIEVANCE:** We request that a grievance be in writing and specifically state that it is a Grievance. Grievances may be made in some other way if an accommodation is required due to a person's disability or other good cause such as limited language ability. We request that grievances be submitted using the attached Grievance Form.

2. **REQUESTED INFORMATION:**

a. Please give us your name, address where you are living, email address, and any telephone numbers where we can reach you. Please indicate the best way to communicate with you.

b. If the grievance is on behalf of a family member (like your child), please give us that other person's full name and address and state how he or she is related to you. If

you are a representative of an individual or family member, please tell us if you are the person's attorney, guardian, organizational representative etc.

c. Please tell why you are filing this grievance. What did we do or not do? When did this happen? If you know the name of the DRSC staff member involved with your problem, include it. If the grievance is about how we operate our programs, please describe your concern.

d. What do you want us to do now? Tell us what you would like to happen. This could include accepting an individual's case or changing a policy about how we carry out our programs.

3. SUBMITTING THE GRIEVANCE:

Send or deliver the grievance to:

Fiscal and Administrative Manager
Disability Rights South Carolina
Suite 208
3710 Landmark Dr.
Columbia, SC 29204

Grievances may be filed by email: Attn: Fiscal and Administrative Manager

4. GRIEVANCE REVIEW:

a. Assignment for review: The Fiscal and Administrative Manager will forward the grievance within three (3) business days of receipt to the appropriate team leader or other supervisor for action on the grievance. If a grievance involves an action or decision personally made by a supervisor or team leader, it will be sent to the next level supervisor.

b. Supervisor review: The supervisor or team leader will evaluate the grievance and take appropriate action to resolve it. A written response will be made to the individual within ten (10) business days from the date the grievance was received from the Fiscal and Administrative Manager. The response will explain the reasons for the original action or decision or why we currently operate our programs as we do. The response will also indicate any modification which can now be made to resolve the grievance. Information will also be included on how to appeal to the next level of the grievance procedure.

c. Executive Director review: If the individual who receives a first level response to a grievance is not satisfied, he or she may submit an appeal to the Executive Director at the Central Office.

Any appeal must be submitted to the Executive Director within ten (10) business days from the date the first level DRSC grievance response was delivered to the individual.

An appeal to the Executive Director must be in writing (except alternative formats are allowed as an accommodation for a disability or other good cause such as limited language ability). It may include additional information or comments from the individual. The Executive Director will evaluate the grievance and first level response and may cause additional investigation to be conducted.

The Executive Director will provide a written response to the individual within ten (10) business days from the date DRSC received the appeal. The Executive Director's response will indicate the basis for the decision and whether any modification will be provided. The individual will be advised that an appeal may be made to Board of Directors as the final level of the grievance procedure. The name and address of the Chair of the Grievance Committee of the Board of Directors will be included.

d. Board of Directors review: Any appeal to the Board of Directors must be submitted within ten (10) business days from the date the Executive Director's response was delivered to the individual.

An appeal to the Board must be made to the Chair of the Board's Grievance Committee. The appeal must be in writing except alternative formats are allowed as an accommodation for a disability or other good cause such as limited language ability. It may include additional information (statements or documents) and additional comments from the individual.

The evidence reviewed by the Grievance Committee shall include the information in the grievance file together with any additional information or comments presented by the individual. The Grievance Committee may request any additional information that it determines would assist the review. If the Grievance Committee receives additional information, a copy shall be provided to the Executive Director and to the individual for an opportunity to comment on the additional information. The Grievance Committee shall normally complete its review within 30 days from the date the appeal was received by the Chair of the Grievance Committee. If this not feasible, written notice shall be provided to the individual when the review will be completed.

The Committee shall make its recommendation regarding the grievance to the full Board of Directors at the next Board meeting following completion of the Committee's review. The Board of Directors normally meets four times a year. The Board's decision on the appeal will be the final action on the grievance. The individual will be notified in writing of the Board's decision within ten (10) business days.

5. GENERAL PROVISIONS:

a. Confidentiality: All individuals involved with the reviewing of grievances shall maintain client confidentiality.

b. Mailing procedures: To document delivery of DRSC's response to grievances or appeals, DRSC will normally use U.S. Postal Service, Certified Mail/Return Receipt. Additionally, a complete copy of the response will be sent by regular U.S. Mail to avoid burdening the individual with pick up of the response. If a grievance or appeal was received by e-mail, the response will normally also be sent by e-mail. When sending a response by e-mail, both a delivery receipt and a read receipt will be requested.

A DRSC grievance/appeal response will be considered delivered as of the first of the following events: (1) the delivery date shown on any certified mail/return receipt card, (2) the date shown on an e-mail delivery response, or (3) three delivery days after mailing via regular first class mail to the address provided by the individual (the US Postal Service Standards for First Class Mail currently allow for two (2) delivery days within South Carolina).

Any appeal will be considered submitted on time to DRSC if it is postmarked within the required ten (10) business days. Similar documentation of mailing date by a commercial delivery service or by e-mail is also acceptable.

If a DRSC response is not deliverable at the postal address or email address provided by the individual, the grievance appeal process will be considered completed as of the date DRSC receives evidence of non-delivery. Evidence of non-delivery may be determined by electronic tracking on the U.S. Postal Service website, physical return of the P&A response letter, or by e-mail notification that an e-mail could not be delivered.

c. Reviews involving attorneys: Grievance reviews involving professional judgment of an attorney shall be conducted consistent with Rules of Professional Conduct, Rule 407 SC Appellate Court Rules.¹

d. Annual reports: The Executive Director or designee shall report annually to the Board of Directors, to the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Council, and to other relevant Advisory Councils describing grievances received and their resolution; no personally identifiable information shall be included in these reports.

Revised by the Board of Directors 9-12-20
Revised by the Board of Directors 3-11-17
Revised by Board of Directors 9-13-14
Approved by Board of Directors 3-9-13

¹ <http://www.judicial.state.sc.us/courtReg/index.cfm>

Disability Rights South Carolina
GRIEVANCE FORM

PLEASE TYPE OR PRINT (use separate pages as needed)

1. Your name: _____

2. Your address: _____

3. Your e-mail address: _____

4. Your telephone number(s): _____

5. If you are making this grievance on behalf of another person, what is his or her name?

6. Address of that individual (if different from yours):

7. Telephone number(s) of that individual (if different from yours):

8. E-mail address of that individual (if different from yours):

9. If you are a representative of an individual, how are you related to him or her (parent, guardian, attorney, or organizational representative)?

10. Tell us about the problem. Give specific information about the request, case, or DRSC program. Include dates and names of DRSC staff members or other individuals involved, if you know them. _____

Disability Rights South Carolina
GRIEVANCE FORM

PLEASE TYPE OR PRINT (use separate pages as needed)

11. What would you like done now?

Date: _____ Signature: _____

Submit to: Finance and Human Resource Manager
Disability Rights South Carolina
Suite 208, 3710 Landmark Dr.
Columbia SC 29204

or

Info@disabilityrightssc.org
Attn: Finance and Human Resource Manager

9-12-20