

COMPLAINT PROCEDURES

What To Do If You Have A Complaint...

Edgewood Center for Children and Families (Edgewood) seeks to provide you with an opportunity to initiate and seek resolution of any complaint, grievance, or dissatisfaction with activities related to the agency. Complaints may concern service access, service planning and/or quality of care issues, privacy protections, specific employee behavior, or incidents surrounding an Edgewood facility and/or in the community.

Any client, family member, legal guardian, or community member may file a complaint. At any time, grievances may also be filed with relevant agencies external to Edgewood. These processes and related documents are available in the reception areas of all Edgewood locations. Request assistance from an Edgewood employee to obtain relevant complaint materials or to assist with language needs.

If you are an Edgewood employee, follow the reporting procedure outlined in the Employee Handbook - Section 1.Discrimination, Harassment and Retaliation Prevention Reporting Procedures.

Steps for Making a Complaint:

Step One: If possible, please make every effort to resolve the concern with the person(s) most directly involved. If you are unable to resolve the situation, you may complete a *Complaint Form* and proceed to Step Two.

Step Two: Please submit the *Complaint Form* at any Edgewood location, or contact the relevant staff by telephone or mail, per the *Complaint Contacts* in Step Two. You will be contacted within three (3) workdays of receipt of the form. After this, if your situation remains unresolved, please proceed to the next step.

Step Three: Contact the Chief Executive Officer who will review all relevant documentation and may seek additional information from you while pursuing resolution of the situation. The Chief Executive Officer will send you a written response to the complaint within three (3) workweeks of the time s/he is contacted. If you remain unsatisfied with the response, please proceed to the next step.

Contact the Agency Privacy Officer for privacy-related complaints at any time.

Step Four: Complaint procedures for county, child welfare, education, or other oversight authority are available in the reception areas of all Edgewood locations. External grievances may be filed at any time.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, professional clinical counselors). Contact the board at www.bbs.ca.gov or call (916) 574-7830.

No Retaliation

Edgewood wants to assure that measures will be taken to address and resolve all complaints filed. Clients, families, or community members filing complaints will be free from retaliation of any kind. Edgewood will not tolerate threats, harassment, or any discrimination toward any client, family, or community member who files a complaint.

COMPLAINT CONTACTS

Step Two Contacts

| San Francisco Region Contact | Mailing Address | Telephone |
|---|---|--------------|
| America Grajeda, Regional Director | 1801 Vicente St., San Francisco, CA 94116 | 415-682-3175 |
| <i>Oversees all San Francisco Programs: Includes Residential Treatment, Hospital Diversion, Partial Hospitalization, Intensive Outpatient, Non-Public School, Crisis Stabilization Unit, Therapeutic Behavioral Services, Wraparound, Outpatient Mental Health, School-Based.</i> | | |

| San Mateo Region Contact | Mailing Address | Telephone |
|--|---|--------------|
| Angela Buelow, Interim Regional Director | 1801 Vicente St., San Francisco, CA 94116 | 415-725-6056 |
| <i>Oversees all San Mateo Programs. Includes: Kinship services, Medi-Cal Managed Care services, Full Service Partnership (Turning Point C/Y, TAY FSP, SAYFE, Drop In Centers), Family Resource Center.</i> | | |

| Medical Services Contact (Agency-wide) | Mailing Address | Telephone |
|--|--|--------------|
| Robin Randall, Medical Director | 1801 Vicente Street, San Francisco, CA 94116 | 415-682-3104 |

Step Three Contacts

| Oversees All Programs (Agency-wide) | Mailing Address | Telephone |
|-------------------------------------|--|--------------|
| Lynn Dolce, Chief Executive Officer | 1801 Vicente Street, San Francisco, CA 94116 | 415-681-3101 |

Step Four Contacts

| Agency | Mailing Address/Contact | Telephone |
|--|--|-----------------------|
| San Mateo Office of Consumer and Family Affairs | 1950 Alameda de las Pulgas, Suite 155 CA 94403 | 800-388-5189 |
| SF CBHS Grievance and Appeal | 1380 Howard St, 2 nd Floor, San Francisco, CA 94103 | 415-255-3632 |
| SF DPH Compliance and Privacy | compliance.privacy@sfdph.org | 855-729-6040 |
| SF HSH (Dept of Homelessness and Supportive Housing) Grievances | Programs Division Manager. 440 Turk Street, San Francisco, CA 94102 hshgrievances@sfgov.org | |
| SF Ombudsman | Todd Wright todd.wright@sfgov.org | 415-558-2828 |
| Community Care Licensing (For Residential) | San Bruno Local Unit Isabel Mendoza, Licensing Program Manager 851 Traeger Avenue, Suite 360, MS 29-16 San Bruno, CA 94066 Email: letusno@dss.ca.gov Online: https://complaints.cclcd.dss.ca.gov/ | 650-266-8800 |
| CA Board of Behavioral Science | https://www.bbs.ca.gov/consumers/consumer_complaints.html | 916-574-7830 |
| CA State Medi-Cal Ombudsman | MMCDombudsmanOffice@dhcs.ca.gov | 888-452-8609 |
| Office for Civil Rights, San Francisco Office U.S. Department of Education | 50 Beale Street, Suite 7200, San Francisco, CA 94105 | 415-486-5570 |
| Office of Quality and Patient Safety - The Joint Commission Email: patientsafetyevent@jointcommission.org | One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 Online: https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx | 630-792-5636 (Fax) |

Other Edgewood Contacts

| Contacts | Mailing Address | Telephone |
|---|--|--------------|
| Sapna Patel, Head of Quality Management and Privacy sapnap@edgewood.org | 170 South Spruce Ave., Ste. 200, SSF, CA 94080 | 415-741-4684 |
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COMPLAINT FORM



Please use this form to report complaint, grievance, or dissatisfaction with activities related to *Edgewood Center for Children and Families*. Please submit this form to an Edgewood location or to the appropriate Complaint Contact who will facilitate resolution of the complaint.

Today's Date: _____ Date(s) of Events Leading to _____

Person Completing Form: _____

Person with a Complaint: _____

Youth/Client Involved (if applicable): _____

Edgewood Employee Involved (if applicable): _____

Contact Information for Person with a Complaint

Phone Number(s) w/ Best Times of Day: _____

Address: _____

Nature and Reason of Complaint (Please Explain and/or Attach More Complete Explanation in a Letter):

Signature of Person Completing the Form: _____

For Office Use Only:

Date Received: _____ Step _____ Signature: _____

Notes: _____
