

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, Senior Director of Programs <i>Oversees all San Francisco Programs: Includes Residential Treatment, Hospital Diversion, Partial Hospitalization, Intensive Outpatient, Non-Public School, Crisis Stabilization Unit, Wraparound, Outpatient Mental Health, School-Based.</i>	1801 Vicente St., San Francisco, CA 94116	415-682-3175

San Mateo Region Contact	Mailing Address	Telephone
Angela Buelow, Senior Director of Programs <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, Therapeutic Behavioral Services.</i>	1801 Vicente St., San Francisco, CA 94116	415-725-6056

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.cclld.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 Online: https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx	One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181	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



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: _____
