

# Grievance Procedures for Adult Foster Care

Minnesota Statutes, section 245A.04, subd. 1(c)

License Holder(s): \_\_\_\_\_ Date: \_\_\_\_\_

Adult foster care license holders have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program. In an adult foster care home, the highest level of authority is the license holder(s). The policy should be reviewed with the person or authorized representative and a copy provided, if requested.

The complaint and grievance procedure for this adult foster care home is as follows:

- If there is something about the foster home that you do not like or if the care and services you need are not being provided, you may either talk to us or write a description of your concerns on the attached form. I/we will respond to you immediately if possible, but no longer than \_\_\_\_\_ days after receiving the complaint to work on resolving the issue.
- If the problem or complaint cannot be resolved, or if you do not feel comfortable talking to me/us about your concerns, you can talk to: \_\_\_\_\_
- If there is anything occurring that the authorized representative does not believe is meeting the needs of the person being served, they may either talk to me/us or write a description of their concerns on the attached form. I/we will respond to the authorized representative as soon as possible, but no longer than \_\_\_\_\_ days after receiving the complaint.
- If the problem or complaint cannot be resolved, or if they do not feel comfortable talking to me/us, the authorized representative can talk to: \_\_\_\_\_

By initialing the statements below, I/we acknowledge the responsibility to:

\_\_\_\_\_ \_\_\_\_\_ notify the above named individuals that they have been listed as the contact person(s) for assistance in resolving a complaint or grievance of the person served by the program.

By signing below, I/we agree to follow these complaint and grievance procedures. I/we will talk with the licenser as needed and tell them about any changes to this policy.

\_\_\_\_\_  
Signature of Applicant/License Holder

\_\_\_\_\_  
Signature of Applicant/License Holder

# Complaint Form

Name of person: \_\_\_\_\_

Name of authorized representative (if applicable): \_\_\_\_\_

Name(s) of license holder(s): \_\_\_\_\_

Name of case manager (if applicable): \_\_\_\_\_

## To be completed by person/authorized representative

Name of person completing the form: \_\_\_\_\_

What is your complaint/concern? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How have you or the license holder(s) tried to resolve the problem? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action you would like taken to resolve the problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by license holder(s)

Were you able to resolve the issue?     Yes     No

Explain how the issue was resolved. If it wasn't, what are the next steps?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_