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| <b>DEPARTMENT:</b> Applicable to All Departments | <b>POLICY DESCRIPTION:</b> D.A.P. Comments and Concerns |
| <b>PAGE:</b> 1 of                                | <b>REPLACES POLICY EFFECTIVE DATE:</b>                  |
| <b>EFFECTIVE DATE:</b>                           | <b>REFERENCE NUMBER:</b>                                |
| <b>APPROVED BY:</b> Board of Directors           |   |
| <b>SIGNATURE:</b>                                | <b>DATE:</b>  |

**PURPOSE:**

To acquire information to be utilized in obtaining answers to inquiries/comments and concerns about medical treatment or services rendered by Desert AIDS Project. The routine uses of this form are: (a) Resolution of comments/concerns, (b) Information will be analyzed to provide a basis for identifying problem areas and for the discretion of Managers, Directors and the Client Experience Officer. (c) Serves as a means for the Patient/Client to express opinions, concerns, and compliments, request information, or make a suggestion concerning operation of D.A.P.

**POLICY:**

When client concerns are made known, staff whose service delivery are the subject of those concerns are to attempt prompt communication with the client to resolve the concern in a manner that is both collaborative and compliant with all governing policies, rules and regulations of program operations. If unresolved concerns persist, the client should be contacted by the Client Experience Officer, for additional investigation and attempts at reaching a mutually beneficial and compliant resolution. In the case where these attempts at reconciliation do not resolve the concerns, the client may file a formal written grievance.

**PROCEDURE:**

1. Blank copies of the Patient/Client Comments and Concerns form are available in the Central Registration area located in the information display holders or can be obtain by any staff member at patients request. Staff can retrieve Comments and Concerns form from the agency policy application located on their desktop.
2. The completed form should be sealed in a envelope and placed in the D.A.P. box located in the lobby or can be handed to a D.A.P. employee that will deliver form to the Client Experience Officer.
3. The Client Experience Officer will be designated to address the Comments and Concerns form and assign to appropriate department staff members.
4. D.A.P. will provide assistance to clients/patients with visual or other impairments in completing the form as requested.
5. Should no resolution come from the designated departments the Client Experience Officer will be notified for further action.
6. The Client Experience Officer will maintain a binder for all Patient/Client Comments and Concerns Forms.

7. Staff members assigned to comment and concerns form will respond within 7-10 days with a resolution by email to inform the Client Experience Officer of outcome of comment or concern.
8. If applicable Client/Patient will be contacted by a D.A.P. staff member.