

SOUTHWESTERN MENTAL HEALTH CENTER, INC.
CLIENT GRIEVANCE POLICY

As a client of Southwestern Mental Health Center, Inc, you may file a grievance if you feel your rights are being violated. SWMHC, Inc will not discriminate or threaten to deny treatment, benefits, privileges or other rights if you take the steps outlined on the following page to assert a complaint or concern.

- SWMHC, Inc. staff will take prompt action to answer questions and resolve grievances or concerns brought to their attention by clients, relatives, or guardian(s).
- If the grievance is not resolved, it shall be brought to the attention of the Program Supervisor.
- If the grievance is not resolved at the Supervisor level, the client/relative/guardian involved will have the right to request a grievance in writing (on the attached form) to the Director's Executive Committee.
- The Executive Director shall review the grievance with the SWMHC, Inc. Board of Director's Executive Committee.
- Upon review of the grievance, the Executive Committee shall make recommendations to the Executive Director.
- The SWMHC, Inc. Executive Director will evaluate the recommendations and render a decision on the complaint. The decision will be final.

Clients, relatives, and/or guardian(s) always have the right to direct their general grievance to the following agencies:

State of Minnesota
Dept. of Human Services
Licensing Division
Human Services Building
444 Lafayette Road
St Paul, MN 55155
(651)296-3971

Minnesota Department of Health
Office of Health Facility Complaints
PO Box 64970
St Paul, MN 55164-0970
(612)643-2520 (may call collect)
or (800)369-7994

State of Minnesota
Office of the Ombudsman for
Mental Health and Developmental Disabilities
121 7th Place E. Ste 420, Metro Square Building
St Paul, MN 55101-2117
(651)757-1800
(800)657-3506

SOUTHWESTERN MENTAL HEALTH CENTER, INC.
GRIEVANCE FORM

I, _____, believe my rights have been violated on this
_____ day of _____, 20 _____. According to MN
Statute 144.651 Subd:20, I have the right to have this grievance considered in a fair,
impartial, timely and meaningful manner. The following is a summary of my grievance:

I am requesting this grievance be brought before the Executive Director and/or Board of
Director's Executive Committee as of this date, and ask that a decision be rendered. I can be
notified of the decision at this address:

Address

City/State/Zip

Signature

Date