



PO Box 210, Utica, NY 13503

www.rcil.com

Phone: 315-797-4642

GRIEVANCE PROCEDURES AND COMPLAINT FORM

The Resource Center for Independent Living, Inc. (RCIL), Living Independently is For Everyone, Inc. (LIFE at RCIL), and At Home Independent Care, Inc. (AHIC) hereinafter referred to as “the Agency” respects you and your rights.

The Agency employees do their best to provide quality services and advocacy aimed at empowering you, the Participant. If, however, you are dissatisfied with the services you receive from the Agency or feel that your privacy rights have been violated you have the right to use the following procedures to voice your concerns.

The Agency will not discriminate or penalize you because of this complaint and will keep the investigation confidential to the extent possible. Please be as detailed and forthright as possible.

Step 1: Please discuss your complaint with the Employee who is your primary contact within the Agency and give the department an opportunity to address your concern. If the problem is not resolved to your satisfaction you may proceed to step 2.

Step 2: Send a written complaint to RCIL’s Compliance Department. A representative from RCIL’s Compliance Department will respond to you within three (3) business days and will ask if you would like to attend a meeting to discuss your complaint. The meeting will be scheduled within five (5) business days of receipt of your request or later if you request a later meeting.

Step 3: A written response, regarding the investigation of your complaint, will be sent to you within thirty (30) business days from receipt of the initial complaint or thirty (30) business days from the date of your meeting with the Agency, whichever is the later.

Step 4: Within thirty (30) business days from receiving your written response, If you feel your complaint has not been fully resolved, you may send a written complaint detailing the unresolved issues to RCIL’s Chief Executive Officer. A response, in writing, will be provided within thirty (30) business days and the Executive Committee of the Board of Directors will be informed of the complaint. The Chief Executive Officer may also suggest a meeting to discuss your complaint.

Step 5: If the problem is not resolved internally you may proceed to external sources (see contact information on pages 3 - 4.)

Please complete the sections below:

Name: _____



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Address: _____

Phone: _____

Email Address: _____

What is the best way to reach you? _____

What are the best hours to reach you? _____

The name of the Employee you are working with: _____

The name of the Employee's Supervisor you are working with: _____

Details of your Complaint: Please be as specific as possible with dates and times. Please also include the names, if any, of anyone in the office whom you discussed this with. **We value your input, please inform us as to what you would like us to do. Please attach any relevant documents.**

(Please print your name)

Signature

Date



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This section is to be completed by Compliance:

Date received:	Reviewed by:	Review Date:

Please return completed form directly to RCIL’s Compliance Department. By mail to RCIL, P.O. Box 210, Utica, NY 13503-0210, attention Compliance Department, or via email Compliance@rcil.com. A copy of this complaint will be given to RCIL’s Chief Corporate Compliance Officer upon receipt.

If, after your complaint has been addressed through the Agency process, you are still dissatisfied, you may contact the following Agencies to make an external complaint.

You have the right to contact the Client Assistance Program (CAP), which is designed to assist those who are applying to or who are receiving services from federally funded Independent Living Centers (ILC’s). CAP is exclusively operated by Disability Rights New York (DRNY). If you have questions, concerns, or are experiencing disputes regarding this ILC, please feel free to contact DRNY for assistance:

Disability Rights New York

725 Broadway, Suite 450, Albany, New York 12207
(Main) 518-432-7861 (TTY) 518-512-3448
(Toll-Free) 1-800-993-8982 (Email) mail@DRNY.org

Additional external sources to contact regarding grievances are:

U.S. Department of Health and Human Services, Secretary

Office for Civil Rights, Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278
800-368-1019 or 800-537-7697(TTY)

ACCES-VR (formerly VESID)

IL Services Administration
80 Wolfe Rd. Suite 200, 2nd floor
Albany, NY 12205
1-800-272-5448

If you are receiving services provided through the Office of Persons with Developmental Disabilities (OPWDD) you may contact the following:

The Commissioner of OPWDD

44 Holland Avenue, Albany, New York 12229
518-473-1997 Website: <https://opwdd.ny.gov/form/information-request-or-complaint>



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New York State Justice Center

161 Delaware Avenue
Delmar, New York 12054
800-624-4143

Mental Hygiene Legal Service

41 Madison Avenue 26th Floor
New York, New York 10010
646-386-5891

You may also contact the Director of Developmental Disabilities Service Offices (DDSO) for the region you reside in at the following locations:

Western NY & Finger Lakes Region

DDSO Office
620 Westfall Road
Rochester, NY 14620
585-461 8500

Central NY, Southern Tier & North Country Region

DDSO Office
187 Northern Concourse
North Syracuse, NY 13212
315-473-5050

Capital & Hudson Valley Region

DDSO Office
220 White Plains Road (6th floor)
Tarrytown, NY 10591
518-388-0431

Long Island Region

DDSO Office
415-A Oser Avenue
Hauppauge, NY 11788
631-434-6100

NY City: Queens, Brooklyn, Manhattan, Bronx, & Staten Island Region

DDSO Office
888 Fountain Ave
Brooklyn, NY 11208
718-642-6112

If you are receiving services provided through the Department of Health (DOH) in either the Nursing Home Transition Diversion (NHTD) Waiver Program or the Traumatic Brain Injury (TBI) Waiver Program you may contact the following:

ARISE (Regional Resource Development Specialist (RRDS))

635 James Street, Syracuse, NY 13203	(Serving: Onondaga, Madison, Herkimer, Oneida, Oswego, Lewis, Jefferson & St. Lawrence counties)
TBI Complaint Line: 315-671-4652	NHTD Complaint Line 315-671-4650
	DOH Waiver Complaint Line: 518-474-5271

Please note you will receive a copy of the Grievance Procedures and Compliant Form initially and as changes occur.



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ACKNOWLEDGEMENT OF GRIEVANCE PROCEDURES AND COMPLAINT FORM

I have been informed of, understand, and received the Grievance Procedures and Compliant Form. I understand who to contact if I have a complaint, grievance, or question to that nature.

Signature of Consumer/Participant:

Please Print Name	Signature	Date
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Or Signature of Designated Representative or Parent/Legal Guardian: (Required if participant is a minor – an individual younger than 18 years of age)

Please Print Name	Signature	Relationship	Date
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Signature of Interpreter:

Please Print Name	Signature	Date
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