

Oneida County Department of Social Services

Policy and Procedures Manual      Effective Date: May 31, 2006  
Category: G-General Office  
Number: 02      Last Review: September 22, 2014

**Policy: Complaint Policy and Procedure**

Oneida County Department of Social Services is committed to the provision of high quality services, which insure that the rights of the clients are protected. People served and/or their representatives need to be involved in the planning and review of their service program.

In order to insure that the clients' rights are protected while services are provided that are consistent with the mission of the Department, the agency has established this complaint resolution system. Information concerning clients' rights and this process shall be made known to staff and clients in a timely, consistent and diligent manner. All staff orientation plans shall provide information about clients' rights and the complaint resolution process.

**Definition of Complaint:**

The definition of a complaint under this policy is liberally construed to include a concern for any action of the Department for which the Department has decision-making authority, discretion and/or interpretive responsibility.

**Applicability:**

The Department's Complaint Policy and Procedures apply to recipients and providers of service, as well as to people making application for certificates or licenses subject to the approval of the Department. Where at all possible, an informal appeal process will be utilized to resolve the complaint.

A complainant may use the appeal process set forth by state policy or by law at any time if it is determined that the complaint falls within the parameters of those policies or laws. Complaints regarding actions taken on Food Share/Medical Assistance Benefits as well as Foster/Kinship Care decisions will be handled through the Fair Hearing process and will not be addressed in this policy.

**Right to File Complaints:**

A complainant or person acting on behalf of a complainant may file a complaint with management staff, direct service staff or a provider under contract with the Department without reprisal and may communicate with any public official or any other person without reprisal. The General Complaint Form may be used for this purpose.

No person may intentionally retaliate or discriminate against any complainant, person acting on behalf of a complainant or employee for contacting or providing information to any official or to an employee of any state protection and advocacy agency, or for initiating, participating in, or testifying in a complaint procedure or in any action for any remedy authorized by law.

No person may deprive a complainant of the ability to seek redress for alleged violation of his or her rights by unreasonably precluding the complainant from using this complaint procedure or for communicating with a court, government, official, complaint investigator or staff member or a protection and advocacy agency or with legal counsel.

### **Procedure for Department of Social Services, including Child Welfare Services:**

Any client may complain about service denial or adverse action to any Social Services staff. Whoever receives the complaint must offer a General Complaint Form and immediately inform the appropriate supervisor.

### **Informal Complaint Resolution Process:**

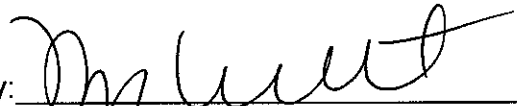
1. The Unit Supervisor responsible for the delivery of services is responsible for implementation of the Informal Complaint Process.
2. The Unit Supervisor will contact the complainant within ten (10) working days and offer a face-to-face meeting to resolve the complaint or handle the matter over the phone or by mail at the complainant's discretion.
3. The Unit Supervisor will verbally inform the complainant of his/her decision and of their right to appeal.
4. The Unit Supervisor will document the complaint and their resolution and notification to the client.
5. If the complaint is not resolved, the complainant may submit a written complaint to the Director within ten (10) days of Unit Supervisor notification and may use the General Complaint Form.

### **Formal Complaint Resolution Process:**

1. The Director will investigate the circumstances surrounding a complaint and determine if the complainant has legitimate concerns.
2. If additional information is needed by the Director, they will contact the complainant and offer a meeting to discuss their issues. The Director may review case files and interview staff as needed to determine the validity of the complaint and, if appropriate, order a remedy or remedies.

3. The Formal Complaint Process will be completed within thirty (30) days of receipt of the complaint by the Director, and findings will be put in writing to the complainant. The notification will include the clients right to appeal to the State Regional Office.

Policy Approved by:



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Mary Rdeout, Director

**Oneida County Department of Social Services  
General Complaint Form**

In the interest of resolving your concern, please complete this form. Attach additional pages, if necessary. If you would like help filling out the form, please let us know.

Does your concern relate to the denial, reduction, or termination of benefits such as:

- |                    |                        |                          |                           |
|--------------------|------------------------|--------------------------|---------------------------|
| W2                 | Food Stamps            | Energy Assistance        | Medicaid/Badger Care      |
| Child Care Benefit | Day Care Certification | Kinship Care/Foster Care | Licensing of Foster Homes |

You should file a Request for a Fair Hearing with the Division of Hearings and Appeals to resolve this complaint. The agency has copies of the request form and can assist you to fill it out, if needed.

Does your concern relate to the denial, reduction, or termination of services such as:

- Adult or Long Term Support Services
- Child Protection Services / Child Welfare Services
- Juvenile Justice Related Services
- Any other services to you or your family: (please identify) \_\_\_\_\_

Does your concern relate to the timeliness of any of the above benefits?

- Yes     No

Does your concern relate to staff from this Department or one of our contract agencies?     Yes     No

If yes, please identify \_\_\_\_\_

Have you talked to that person?     Yes     No

Please describe your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did this happen? \_\_\_\_\_  
\_\_\_\_\_

When did this happen? \_\_\_\_\_

What are you requesting the department do in response to your concern? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Name, address and phone of person completing form (if different): \_\_\_\_\_  
\_\_\_\_\_

Thank You

\*Note: You may also file a Civil Rights, CH SS 227, or other appropriate complaint with this department or state and/or federal agencies, if appropriate. Copies of the forms are available at the front desk and staff can assist you to fill them out, if needed. You will receive a written answer to your complaint within 30 days.

\*In order for us to fully investigate your complaint and respond to your concerns we need your name, address and phone number so that we may contact you for further information or to provide you with a response to your complaint. Unsigned or anonymous complaints make it impossible for us to fully address the expressed concern. No person may intentionally retaliate or discriminate against any complainant, person acting on behalf of a complainant or employee for contacting or providing information to any official or to an employee of any state protection and advocacy agency, or for initiating, participating in or testifying in a complaint procedure or in any action for any remedy authorized by law.