

CHARG Resource Center  
**Grievance Resolution Policy**

**Purpose:** To offer consumers & staff a way to discuss and resolve disagreements.

Areas of disagreement might include:

1. Treatment Decisions: The resolution process is a means for the professional and consumer involved to access objective support when disagreements arise from treatment recommendations. Such support might result in finding alternative treatments, in obtaining a second opinion, in learning additional information about the issue, or in agreeing to disagree.
2. Relationship Problems: It is natural for interpersonal conflicts to arise in relationships, such as personality clashes and philosophical differences. The resolution process provides a vehicle for these conflicts to be handled. Possible outcomes might include resolution of the differences, establishment of guidelines for the relationship, or termination of the relationship.
3. Misconduct in a Relationship: Examples might include physical or verbal abuse, inappropriate sexual suggestion or activity, intimidation, patronization, lying, stealing or any type of disrespectful behavior.

**Process:** Either staff or consumers may follow these steps to initiate the process.

1. The parties involved are encouraged to resolve the issue themselves.
2. If it cannot be resolved by the parties, the issue must be presented verbally and in writing to the first person on this list. If the issue cannot be resolved at this level, they may continue to the second person. As a final alternative, the third person on the list may be asked to intervene.

Clinic Services:

- Clinical Director
- Executive Director
- Medical Director

Drop-In Services:

- Drop-In Coordinator
- Program Director
- Executive Director

**NOTE:** In addition to the internal process, there are other options to file a grievance.

1. Co Access (720-744-5134) for clinic clients on ABC Medicaid.
2. Dept. of Regulatory Agencies (303-894-7766) for clinic clients with issues about licensed clinicians.
3. Office of Behavioral Health (303-866-7191) for anyone else having issues with CHARG Resource Center.

CHARG Resource Center  
Grievance Resolution Form

Your name \_\_\_\_\_ Date \_\_\_\_\_

**What is the issue, and with whom?**

*Use reverse side if you need more space.*

**Have you tried to resolve this issue directly with the parties involved?**

**If yes, what were the results of your efforts?**

*Use reverse side if you need more space.*

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Reviewed by \_\_\_\_\_ Position \_\_\_\_\_

Outcome:

I have been informed of the outcome of this grievance.

I accept it.

I choose to take it to the next level.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

*Use reverse side for additional comments.*

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**2<sup>nd</sup> Review**

Reviewed by \_\_\_\_\_ Position \_\_\_\_\_

Outcome:

I have been informed of the outcome of this grievance.

- I accept it.                       I choose to take it to the next level.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

*Use reverse side for additional comments.*

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**3<sup>rd</sup> Review**

Reviewed by \_\_\_\_\_ Position \_\_\_\_\_

Outcome:

I have been informed of the outcome of this grievance.

- I accept it.                       I choose to disagree.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

*Use reverse side for additional comments.*