



CITY OF SCOTTSDALE, ARIZONA
COMMUNITY ACTION PROGRAM
GRIEVANCE PROCEDURE

The City of Scottsdale has developed the following internal grievance procedure to assure compliance with funding sources, and to resolve concerns and complaints at an early stage. This procedure may be used by anyone who wishes to file a complaint in the provision of services, activities, programs or benefits received at Vista del Camino through the Community Action Program. Use of this procedure does not affect other rights and remedies that may be available under federal and state statutes prohibiting discrimination on the basis of disability.

1. Any complaint or report should be made in writing and contain information about the grievance, such as name, address, telephone number of complainant and location, date, and description of the problem.
2. The complaint should be submitted by the complainant and/or designee as soon as possible. Complaints should be submitted no later than 60 business days after the alleged violation. The complaint should be directed to the Human Services Manager at the following address:

Human Services Manager
Vista del Camino
7700 E. Roosevelt,
Scottsdale, AZ 85257

3. Should any complaints reference discrimination on the basis of disability, they shall be promptly and thoroughly investigated by the ADA Coordinator or designee and you will be provided with appropriate contact information and procedures to file a formal ADA grievance.
4. Within 3 business days of receipt of the complaint or report, the Human Services Manager will discuss and/or meet with the complainant to discuss the complaint and possible resolutions.
5. Within 10 business days after the discussion/meeting, the Human Services Manager will document and date this discussion and provide the complainant with a copy of the written documentation of the submittal/decision.
6. If the response does not satisfactorily resolve the issue, the complainant or the complainant's representative may appeal the Vista del Camino Human Services Manager's decision to the City of Scottsdale Community Services General Manager, or designee within 10 business days after receiving the response. Written information may be communicated to: City of Scottsdale Community Services Administration, Attention: Community Services Executive Director, One Civic Center, 3rd Floor, Scottsdale, AZ 85251.
7. Within 3 business days after receipt of the appeal, the Community Services Executive Director, or designee will contact the complainant to discuss the complaint and possible resolutions.
8. Within 10 business days after the meeting, the Community Services Executive Director, or designee will respond in writing with a final determination regarding the complaint. A copy of the final determination will be provided to the complainant.

9. The Human Services Manager shall review all client grievances for the purpose of continuous quality improvement. A record of client grievances shall be kept as part of the quality improvement documentation. City of Scottsdale administrative management may review as appropriate.
10. Vista del Camino shall maintain the files and records relating to complaints for a period of three years. Such documents shall be maintained as confidential records.

If the concern/grievance/appeal is in regards to services funded by the Maricopa County Human Services Department, the following step is available to you:

If you feel the City of Scottsdale has not satisfactorily resolved your complaint, you may present your concern, grievance, or appeal, in writing to the Program Administrator at the Maricopa County Human Services Department / Community Services Division (MCHSD/CSD), 234 N. Central, Suite# 3000, Phoenix, AZ 85004. This must be received within ten (10) business days of the date of the Human Services Manager's or Community Services Executive Director's written response. The MCHSD/CSD Program Administrator will review the grievance for resolution. A written response will be provided to you within ten (10) days of receiving the written request.

If the concern/grievance/appeal is in regards to services funded by the State of Arizona Department of Economic Security through MCHSD/CSD, the following step is available to you:

If you continue to feel that the problem has not been resolved to your satisfaction, you may present your written grievance to the Arizona Department of Economic Security (DES) Division of Aging and Adult Services (DAAS) . Assistant Director, P.O. Box 6123, Site Code 950A, Phoenix, AZ 85005. The phone number for DES: 602-542-6600, Fax: 602-364-1756. Your written request should be submitted within ten (10) days after receiving a response from MCHSD/CSD. A final decision will be made within 30 days from the date the appeal is received by DES/CSA and you will be notified in writing.

I have read and received a copy of the Grievance Policy outlined above.

Client Signature _____

Date: _____