

**CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
ACCESS TO RECOVERY (ATR)**

POLICY MANUAL	AAIR PROGRAM	PAGE	1 of 1
CHAPTER 23	GRIEVANCES	NUMBER	c23.s2.0
SUBJECT	Requirements for Filing a Grievance		
EFFECTIVE DATE	2/1/10		
REVISION DATE			

POLICY:

AAIR allows all clients, authorized representative(s) of clients, and providers to submit grievances at any time. Grievances may not be made anonymously. However, the names of persons filing grievances will only be released to authorized AAIR staff or investigators retained on AAIR's behalf.

PROCEDURE:

AAIR only accepts grievances submitted in writing, and provides a form to aid in the filing of grievances (see c23.a1 – Grievance Form). Grievances may be filed using the following procedure

1. Filing parties may mail or fax grievances to the AAIR Compliance Officer at:
Susan Dahl
Corporate Compliance Officer
California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
Fax: 916-929-7246
2. AAIR requires the following information from all filing parties:
 - a. Name of applicant, client or provider filing the grievance
 - b. Name of authorized representative filing the grievance on behalf of the applicant, client, or provider (if applicable)
 - c. Contact information for client, provider, or authorized representative filing the grievance
 - d. Facility, department, or party against whom the grievance is being filed
 - e. Grievance statement describing the nature of the issue
 - f. Description of the outcome desired to resolve the issue
 - g. Any other information believed to be helpful to AAIR
3. The Corporate Compliance Officer will document the receipt of all grievances and refer them to AAIR Administration for review in accordance with c23.s3.0 – Review, Decision, and Notification.
4. The AAIR Compliance Officer will monitor all grievances received to assure a response has been sent.

[END]