



Parent/Client Right to File a Grievance

It is the intention of the Sarah Reed Children's Center to provide effective treatment and guidance to you and your child. As we are attempting to provide the best possible program, we would welcome any suggestions that would help us improve what we do. If you have any comments or ideas, please share them with us.

Procedure for filing a grievance regarding care of the client:

Our intent is to maintain an honest and open relationship with parents. We want to be made aware of problems or difficulties that may arise. If there are any difficulties that you and your Case Manager/Therapist cannot resolve, you may further pursue resolution regarding your complaint by contacting the following in order (1, 2, 3). If you wish to appeal the decision of the President/CEO, contact The Erie County Mental Health/Mental Retardation Administrator (3.). All appeals must be made within 10 working days of the notification of a written decision about your complaint.

Program Director/Program Supervisor or Designee: _____ 2445 West 34 th Street Erie, PA 16506 (814) 838-1954	President/CEO: Dr. Adrienne Dixon 2445 West 34 th Street Erie, PA 16506 (814) 838-1954, ext. 7680
Erie County Office of Mental Health/Intellectual Disabilities Administrator Mr. John DiMattio 154 West 9 th Street Erie, PA 16501 (814) 451-6600	Community Care Behavioral Health Organization 855-224-1777
Disability Rights Network of PA 1414 N. Cameron Street, Suite C Harrisburg, PA 17103 1-800-692-7443	The Joint Commission One Renaissance Boulevard Oakbrook, Illinois 60181 or www.jointcommission.org

To ensure that clients and their families are treated without bias as mandated by federal and state law program services shall be made accessible to eligible clients and families with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Procedure for filing a grievance regarding discrimination in services:

Any client/guardian/family who believes they have been discriminated against may file a complaint of discrimination, with any of the following using the Center's Grievance Form:

Sarah A. Reed Children's Center 2445 West 34 th Street Erie, PA 16506	Commonwealth of Pennsylvania Department of Human Services -Western Regional Office 301 Fifth Avenue, Suite 410, Piatt Place Pittsburgh, PA 15222-1210
Bureau of Equal Opportunity Commonwealth of Pennsylvania Department of Human Services Room 225 Health and Welfare Building P.O. Box 2675 Harrisburg, PA 17105	Pennsylvania Human Relations Commission Pittsburgh Regional Office 301 Fifth Avenue, Suite 390, Piatt Place Pittsburgh, PA 15222
US Department of Health & Human Services Office for Civil Rights Suite 372, Public Ledger Building 150 South Independence Mall West Philadelphia, PA 19106-9111	

- I acknowledge that this process has been explained to me, if necessary through an interpreter proficient in my language.
- Copy given

Parent/Legal Representative

Client

Witness

Date

Date

Interpreter

