

SAMPLE
CLIENT RIGHTS SPECIALIST
LEVEL I-A REPORT:

(On Letterhead of Service Provider)
(Date)

Client's Name
Client's Address

Dear Client:

We received your complaint(s) on (DATE). This report is in response to your concern(s).
I am the designated Client Rights Specialist for (SERVICE PROVIDER'S NAME).

You complained that (SUMMARY OF CLIENTS COMPLAINTS).

These grievances pertain to (LIST RIGHTS THAT RELATE TO THE COMPLAINTS).

I have reviewed your complaints and the applicable law. I investigated the matter by
(DESCRIBE WHAT WAS DONE, FOR EXAMPLE, SPOKE TO THE PEOPLE INVOLVED, EXAMINED RECORDS, MATERIALS, THE ENVIRONMENTAL SETTING).

I have created a short summary of my understanding of the relevant facts. (BRIEFLY DISCUSS WHAT HAPPENED.)

Findings:

Grievance #1:

I have determined that your complaint about (STATE THE COMPLAINT) is
(FOUNDED OR UNFOUNDED).

The reason(s) your first grievance was determined to be (FOUNDED OR UNFOUNDED) is/are (STATE YOUR REASONS).

Grievance #2:

(REPEAT ACCORDING TO THE NUMBER OF COMPLAINTS.)

Recommendations:

Grievance #1:

(IF FOUNDED: STATE THE SPECIFIC ACTIONS THAT SHOULD OCCUR TO RESOLVE THE PROBLEM.)

(IF UNFOUNDED BUT SOME CHANGES WOULD HELP AVOID FUTURE PROBLEMS: NAME THE SPECIFIC ACTIONS THAT SHOULD OCCUR TO AVOID FUTURE PROBLEMS.)

Grievance #2:

(REPEAT ACCORDING TO THE NUMBER OF COMPLIANTS.)

Option to Appeal:

If you feel that this decision does not bring closure to your concerns, and you do not wish to resolve them informally, then YOU MAY APPEAL THIS DECISION TO THE PROGRAM MANAGER WITHIN 14 DAYS OF RECEIVING THIS DECISION. (The Program Manager can be anyone in charge of the provider facility.) Also, the Program Manager has the option of writing a Level I-B decision if she or he feels that this decision is not adequate.

In either case, the Program Manager must issue his or her decision within 10 days of receiving an appeal (or deciding to appeal within the 14 day limit). The appeal must describe the portion or portions of the decision with which the party disagrees, the basis for the disagreement and any arguments or additional information. Please send requests for a Level I-B appeal, along with your reasons for disagreeing with this decision, to:

Program Manager
Address
Fax Number

Sincerely,

Client Rights Specialist

cc:

(* IF THERE ARE MULTIPLE COMPLAINTS, THE STATUTORY TIMELINE (30 DAYS) FOR THE Level I-A CRS REPORT CAN BE ADJUSTED BY AGREEMENT OF THE CLIENT AND THE SERVICE PROVIDER.)

(* COPIES OF THIS REPORT SHOULD BE PROVIDED TO THE CLIENT, THE PROGRAM MANAGER, THE PARENT/GUARDIAN AND ALL RELEVANT STAFF.)