WYOMING DEPARTMENT OF HEALTH
HIV TREATMENT PROGRAM

GRIEVANCE PROCEDURES

It is the policy of the HIV Treatment Program to provide services to all eligible individuals without discrimination on the basis of age, race, color, ethnicity, sex, gender identity, gender expression, sexual orientation, religion, class, socioeconomic status, or physical or mental ability.

As a participant in the Program, you have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery or program eligibility solely as a result of filing a grievance. All grievances will be addressed in a confidential manner.

This procedure should be used as a last resort. It is your responsibility to make every attempt to discuss your situation and attempt resolution informally prior to initiating formal grievance procedures.

If you have a grievance, you should first discuss it with your case manager. If this is not successful or if you feel that this is not an option, you should proceed with the following steps:

1. A written statement should be prepared which includes the date and time of the incident. You may ask for assistance from your case manager or from the HIV Treatment Program staff in preparing the statement.

2. Submit the formal written grievance to the Communicable Disease Section Chief at the Wyoming Department of Health. All grievances must be submitted within thirty (30) days of the incident.

3. The Communicable Disease Section Chief will contact you within five (5) business days to discuss with you the details of the grievance and to attempt a satisfactory resolution. If a resolution is not possible, the Section Chief will submit the written grievance to the Executive Committee of the Wyoming HIV/AIDS/Hepatitis Care and Prevention Planning Alliance (CAPPA).

4. Within twenty (20) days of receipt of the grievance, the CAPPA Executive Committee will convene to discuss the grievance. Involved parties may be required by the Committee to appear in person or by telephone conference for fact finding purposes. The Executive Committee will provide a written resolution statement within thirty (30) days of the date on which the hearing is conducted.

5. At any point in this process, you have the right to discuss this matter directly with the Chief of the Communicable Disease Section.

All written correspondence must be mailed or delivered to:

Chief, Communicable Disease Section	Telephone:	(307) 777-5932
HIV/AIDS/Hepatitis Program	Toll Free:	(800) 438-1282
6101 Yellowstone Road, Suite 510	Fax:	(307) 777-8547
Cheyenne, WY 82002		

I hereby acknowledge that I have been provided a written copy of this document, and that I have been given an opportunity to discuss any questions I have about the Grievance Procedures.

CLIENT SIGNATURE: _____

CASE MANAGER SIGNATURE: _____

DATE: _____

WHITE - CLIENT YELLOW - CASE MANAGER PINK - WY DEPT OF HEALTH