

Family Crisis Center of East Texas

(Women's Shelter of East Texas, Inc.)

CLIENT COMPLAINT PROCEDURE

If you have a question or complaint about something that occurred while you were at The Family Crisis Center of East Texas (Women's Shelter of East Texas, Inc.), the first step is to discuss this with your advocate. If you are unable to come to an acceptable conclusion after discussing the issue at this level, you have the right to file a formal complaint to ensure timely and appropriate resolution of complaint that arise.

The complaint must first be discussed with the resident/non-resident's supervisor. If the complaint is concerning the supervisor, this step can be omitted.

If the complaint is not satisfied at this level, the client can:

File a complaint in writing within five (5) days of the incident. Sign and mail the complaint to the administrative office: ATTN: Executive Director, Women's Shelter of East Texas, Inc., P.O. Box 510, Lufkin, TX 75902. You may also hand-deliver the signed complaint to 2401 Davisville Road, Lufkin, TX 75901. Please include copies of all documents and correspondence regarding your concerns.

Upon receipt of your complaint, an interview will be scheduled within seven (7) business days. You will be given a written copy of the decision and any resolutions within ten (10) days of the interview.

If you are not satisfied with the decision and wish to pursue the complaint further, write a letter to ATTN: Board of Directors, Women's Shelter of East Texas, Inc., P. O. Box 510 Lufkin, TX 75902, again including copies of all documents and correspondence regarding your concerns.

The HHS Office of the Ombudsman can review your concern when a program's normal complaint process is unable to address the issue. You can contact the HHS Office of the Ombudsman by calling 1-877-787-8999, selecting a language, and then Option 3, or by making an online submission at: <https://hhs.texas.gov/ombudsman>.

Follow the steps below to file a complaint with The Family Crisis Center of East Texas: Write up the complaint, sign and date it. Your advocate can provide you with a form, or you may write your own. Include the following details:

- a. Your name and advocate's name
- b. Details or documents about the situation and/or concern
- c. Name(s) of the people involved
- d. Date of the issue or incident
- e. Any specific way you would like to see the issue resolved

I have read and understand the contents of this document:

Client Signature

Date

Staff/Volunteer Signature

Date

Family Crisis Center of East Texas

(Women's Shelter of East Texas, Inc.)

CLIENT COMPLAINT FORM

Client Name: _____

Advocate's Name: _____

Details about the situation or concern: _____

Name(s) of the people involved: _____

Date of the issue or incident: _____

A specific way you would like to see the issue resolved: _____

Client Signature

Date

***Form completed by** (if assistance was used while completing this form):

Printed Name

Signature

Date