

Client Grievance Procedure

AgeGuide values your feedback and wants to ensure you receive high-quality services. This procedure provides a fair, clear, and confidential way for clients, participants, and community members who are receiving services, participating in programs, or interacting with AgeGuide and/or AgeGuide's funded partners to share concerns or complaints about our programs, staff, or services.

This includes concerns about:

- Unfair or disrespectful treatment by staff or volunteers.
- Denial of services or benefits without a clear reason.
- Unsafe or inaccessible program environments.
- Violations of privacy or confidentiality.
- Discrimination or harassment of any kind.

Rights of the Participant

- **No Retaliation:** Filing a complaint will never affect your eligibility for services, your status in a program, or how you are treated by our staff.
- **Confidentiality:** We will keep your information private. Only people helping to solve the problem will know the details.
- **Support:** You may bring a trusted friend, family member, or advocate to any meetings about your grievance.

Step-by-Step Grievance Procedure

Step 1: Informal Resolution

- You are encouraged to first address any complaints directly with the staff member or program coordinator involved.
- If you feel uncomfortable doing this or are not satisfied with the resolution, please go to Step 2.

Step 2: Submit a Written Complaint

- You may fill out our *Client Grievance Form* on the last page or write a letter.
- Include what happened, dates, names of people involved, and how you want the issue resolved. You may also ask AgeGuide to help you with completing the form.
- Send it to the **AgeGuide** within **30 days** of the incident.
- You will receive confirmation that we received your complaint within **5 working days**.



You may file a complaint by email, mail or fax using the following contact information. Please call AgeGuide if you need assistance.

Email	Mail	Fax	Phone
info@ageguide.org	1910 S. Highland Avenue, Suite 100, Lombard, Illinois 60148	(630) 293-7488	(630) 293-5990

Step 3: Complaint Review

- Designated AgeGuide staff will review your concern. They may contact you to ask questions or invite you to a meeting to share more details.
- You may be asked to sign a release of information form for AgeGuide to obtain information from the funded partner regarding your formal complaint. In some cases, if the client is unwilling to sign a release of information, AgeGuide will not be able to continue investigating the grievance.
- You will receive a written decision and a proposed solution within **30 working days**.

Step 4: Review by AgeGuide Executive Leadership

- If you disagree with the decision, you can request to share your complaint with AgeGuide's Executive Leadership.
- Send your appeal by email or by writing within **10 working days** of receiving the decision.
- Executive Leadership will review the case and give a written answer within **15 working days**.

Step 5: Appeal to the Illinois Department on Aging

- If you disagree with the decision of AgeGuide's Executive Leadership, you have the right to file a complaint with the Illinois Department on Aging within 60 days. AgeGuide staff, when necessary or when asked, will assist.
 - By phone, contact the **Senior HelpLine: 1-800-252-8966**
 - For individuals who are deaf or have speech impairments, please dial **Illinois Relay at 711** to communicate over the telephone.
 - By mail, send written notice to: One Natural Resources Way #100, Springfield, IL 62702-1271



Client Grievance Form

Your Contact Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method (Circle one): Phone / Email / Mail

Details of the Grievance

- Date of Incident: _____
- Program or Location Name: _____
- Name(s) of Staff or Volunteers Involved: _____
- Illinois Department on Aging Release of Information Form Submission Date: _____

Description of Concern

Please describe what happened in detail. Attach extra pages if needed.

Desired Outcome

What would you like to see happen to resolve this issue?

Signature: _____ Date: _____