Grievance Policy

Last review date:

Approval or last revision: September 10, 2025

Approved by:

Aligns to CCBHC criteria: 4a3

Pesach Tikvah is committed to listening to and handling consumer complaints, whether from adults or children, and responding in a fair, timely (within 7-10 business days), and respectful manner. All complaints will be given due consideration without reprisal or discrimination. Language support for non-English speaking service users or community members will be provided.

Pesach Tikvah will actively inform service recipients of their right to register complaints upon intake/admission and of their right to seek resolution. Upon admission and as part of the intake packet, service recipients will be given a copy of the Pesach Tikvah Grievance Protocol.

All complaints will be documented. The maintenance of complaint files will be the responsibility of the Program Director.

Procedures

Step 1: The complaint resolution process begins with the involvement of the service provider (clinical or non-clinical), unless this is not in the best interests of the service recipient. The service provider will attempt to resolve the issue and is also required to document the complaint on Pesach Tikvah's complaint form and report the complaint to the Program Director who will mediate between the therapist and consumer.

Step 2: If the complaint is not resolved within the above stated time frame, or if it concerns a matter too serious for the Service Provider to resolve, the consumer may request to meet with the Program Director within 7-10 business days who will attempt to resolve the grievance. The consumer may also contact the risk manager at the email address riskmanager@pesachtikvah.org.

Step 3: If the grievance is not resolved at the Program Director level, the Program Director will send an email to the Clinical Risk Manager riskmanager@pesachtikvah.org using the report form below. If the client is not satisfied with the outcome, he/she may send a written request to the Clinical Risk Manager requesting to meet with the Executive Director

of Pesach Tikvah including a statement of complaint describing the grievance and the reason for being dissatisfied with the ensuing action. If the matter is not adequately resolved within a further 7-10 business days, or the resolution is considered inappropriate, these listed organizations may help:

Pesach Tikvah Risk Manager
Email: riskmanager@pesachtikvah.org

OMH NYC Field Office
330 5th Avenue
Floor 9
New York, NY 10001-3101
Phone: (212) 330-1650
Fax: (212) 330-6359

Justice Center for the Protection of People with Special Needs
161 Delaware Avenue
Delmar, NY 12054-1310
General phone: (518) 549-0200
Relay users, please dial 7-1-1 and give the operator (518) 549-0200
Email for general inquiries: webmaster@justicecenter.ny.gov
Report abuse: (855) 373-2122 (staffed 24/7)
Relay users, please dial 7-1-1 and give the operator (855) 373-2122
Report a death: (855) 373-2124

Protection and Advocacy for Individuals Who Are Mentally Ill (PAIMI) New York City Region: New York Lawyers for the Public Interest
151 W. 30th Street
Floor 11
New York, NY 10001-4007
Phone: (212) 244-4664

Mental Hygiene Legal Service First Judicial Department
41 Madison Avenue,
Floor 26
New York, NY 10010
Phone: (646) 386-5891

National Alliance for the Mentally Ill of New York State
260 Washington Avenue
Albany, NY 12210
Phone: (518) 462-2000

Service User/Community Complaint Form

Service User or Community Member Information
Name:
File number:
Phone number and email:

Complaint Information
Date of complaint:
Complaint description:
Solutions sought by service user/community member:
Complaint background (brief description of the client's circumstances and situation leading up to complaint):

Actions Taken
Step 1:
Date:
Staff involved:
Notes:
Step 2:

Date:
Staff involved:
Notes:
Step 3:
Date:
Staff involved:
Notes: Notes continued:
Step 4:
Date:
Staff involved:
Notes: