



There is help if you are concerned about the services you are receiving.

Remember, you have the right to question the services received from MHAFF staff or their representatives, as well as the manner in which you receive services. If you are not satisfied, the Client Grievance Procedure can help.

If you feel you have been discriminated against and have not received satisfaction through the MHAFF grievance process you may contact the U.S. Department of Health and Human Services, the DPW Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC).

Mission Statement

To actively help and promote mental wellness through advocacy, education, prevention, social action, supportive employment and support of research and legislation.

Vision Statement

The Mental Health Association of Franklin and Fulton Counties envisions a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice.

Contact Us

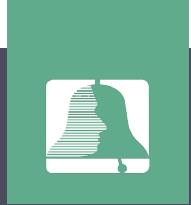
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The Mental Health Association of Franklin and Fulton Counties provides Peer Support Services to individuals with Medicaid or County Funding.



Mental Health Association of Franklin and Fulton Counties

Client Grievance Procedure

You have the right to question the services received.

Client Grievance Procedure

Step 1:

Tell the Program Manager about your concerns. The Program Manager has five days to discuss the concerns with you and make suggestions to resolve the concern.

Step 2:

If you are not satisfied with the response from the Program Manager and you would like to appeal their decision, give your concern and reason for appeal in writing to the Chief Executive Officer. This appeal can be hand written on this form, typed and signed, and then delivered or mailed, faxed, or emailed.

Step 3:

The CEO or designee has five days to meet with you, learn more about your concern, and suggest a way to resolve it.



Step 4:

If you are not satisfied with the response from the CEO and would like to appeal their decision you may submit your original complaint and written reason for appeal to the CEO who must submit your complaint and appeal to the President of the Board of Directors within 5 days of receipt.

Step 5:

The MHAFF Board of Directors has 15 days to meet with you and investigate your concern. The Board will then give direction on steps that much be taken to resolve your concern. The decision of the Board of Directors is the final decision and there is no additional appeals.

IMPORTANT TO KNOW:

If any state or federal laws or Board Certification requirements have been broke, MHAFF must notify the proper authorities.

Client Grievance Form:

Name: _____

Address: _____

PhoneNumber: _____

Email: _____

- Program: Community Support Program
 Peer Support Services
 Individual/Family Satisfaction Team
 Other _____

Name: _____

