



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 Department of Public Welfare Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC).

Mission

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

Vision

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

MHAFF.org
info@mhaff.org



Facebook
@MentalHealthAssociationofFranklinandFultonCounties



LinkedIn
MentalHealthAssociationofFranklinandFultonCounties



Instagram
CSP.MHAFF

Franklin County

478 Grant Street
Chambersburg, PA 17201
p: 717-264-4301

f:717-264-3591

Fulton County

301 East Maple Street
McConnellsburg, PA 17233

p: 717-485-4642

Helpline: Daily 5:00-10:00pm 717-264-2916

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
(MHAFF)

Client Grievance Procedure

You have the right to question
the services you receive.

Client Grievance Procedure

Step 1:

Tell the Program Manager verbally or in writing 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 or typed and signed and then delivered, 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 must be taken to resolve your concern. The decision of the Board of Directors is the final decision of MHAFF and there are no additional appeals.

IMPORTANT TO KNOW:

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

Client Grievance Form:

Name: _____

Address: _____

Phone Number: _____

Email: _____

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

Name: _____

