Clifford Beers Clinic
GRIEVANCE PROTOCOL

Clifford Beers Clinic wants to provide the best services possible. If you are not satisfied with the services being provided, please do not hesitate to let us know.

The steps for handling complaints about Clifford Beers Clinic services are:

**Step 1:** Try to discuss the issue directly with the staff you work with.

If that doesn’t work:

**Step 2:** Ask for a meeting with the staff and his/her supervisor.

If you are still not satisfied:

**Step 3:** Contact the Vice President of Community and School Based Services, Christine Montgomery, Vice President of Outpatient Mental Health Services, Lauren Weibrecht, or Vice President of Integrated Care, Trude Piscitelli. They may be reached by phone or in writing. Contact information is:

- Christine Montgomery
  5 Science Park
  New Haven, CT 06511
  (203) 777-8648 x 2305
  cmontgomery@cliffordbeers.org

- Lauren Weibrecht
  93 Edwards Street
  New Haven, CT 06511
  (203) 772-1270 x 1239
  lweibrecht@cliffordbeers.org

- Trude Piscitelli
  41 Marne Street
  Hamden, CT 06514
  (203) 691-9383 x 4664
  tpiscitelli@cliffordbeers.org

As a recipient of funds from the Federal Department of Justice through OVS, as well as an accredited organization by the Joint Commission, you may file grievances with the State of Connecticut Judicial Branch, the Federal Office for Civil Rights, or any of the following organizations:

- The State of Connecticut Judicial Branch
  Director of Human Resource Management Unit
  90 Washington Street
  Hartford, CT 06106
  860-706-5280

- The State of Connecticut Commission on Human Rights and Opportunities
  25 Sigourney Street
  Hartford, CT 06106
  860-706-5280

- The Office for Civil Rights
  U.S. Department of Justice
  Office of Justice Programs
  810 7th Street N.W.
  Washington, D.C. 20531
  202-307-0690

- The Joint Commission
  Office of Quality and Patient Safety
  One Renaissance Blvd.
  Oakbrook Terrace, IL 60181
  P 800-994-6610
  F 630-792-5636
  https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx

I, ____________________________, have explained the grievance protocol to
(Name of Staff Member)

__________________________________________________________________

(Name of Client)  
(Name of Legal Guardian – if applicable)

__________________________________________________________________

Signature of Client ________________________________________________ Date __________

Signature of Legal Guardian (if applicable) ______________________________ Date __________

Signature of Staff _________________________________________________ Date __________

I, _______________________________, have explained the grievance protocol to

(Name of Staff Member)

__________________________________________________________________

(Name of Client)  
(Name of Legal Guardian – if applicable)

__________________________________________________________________

Signature of Client ________________________________________________ Date __________

Signature of Legal Guardian (if applicable) ______________________________ Date __________

Signature of Staff _________________________________________________ Date __________

Revised 06/13/2019