



Policy and Procedure for Distributing the Bill of Rights Statement and Managing Incidents and Complaints

The goal of **360° SHS** services is to improve the quality of life for older adult citizens in our community by supporting each person with dignity and respect. We believe that each and every person who is involved with Seniors Helping Seniors® services must be treated and must also treat others with compassion, empathy and kindness.

Each person is entitled to personal protections and freedoms included in the **360° SHS** Bill of Rights statement.

As part of 360's Receiver interview and service planning process, the Bill of Rights statement will be reviewed with and presented to each Receiver and/or their representative at the initial home visit upon completion of the Service Agreement. Documented review and receipt of this document will be reflected on the Receiver's Service Agreement.

In addition, during the home visit, a **360° SHS** representative will review and distribute our Procedure for Reporting an Incident or Complaint and the corresponding form to be used. It will be clear that Receivers or their responsible party may submit complaints orally or in writing about the services provided. Written and verbal complaints shall be documented by the **360** staff using the **360 Complaints and Incidents** form and will be responded to in a timely manner.

360 staff will provide all Receivers and their representatives, if applicable, with the telephone number of **360** share information, pose questions or lodge complaints about services being delivered by the Provider.

Complaints and Incidents will be reported on the **360° SHS** Incident or Complaint Form and will be filed with the Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301 603-271-9499

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Phone: (603) 801-1936 Fax: (844) 491-0931
360 Route 101 Suite 3B, Bedford, NH 03110



Incident or Complaint Form

Once an incident or complaint is lodged against **360** or its affiliates, the **360** owner or designee will investigate within 24 hrs. This form will be used to document the complaint or incident. If a complaint is against a **360** provider, the provider will be contacted to resolve the problem and counseled, if necessary. If a more serious incident or complaint occurs, the appropriate disciplinary actions will be taken, i.e. suspension or termination. The client will be notified in writing of the actions taken to resolve the issue(s). These records shall be kept in the receiver's and provider's file for a minimum of five (5) years. Gather as much information as possible to help resolve the issue.

Your Name: _____ **Today's Date:** _____

Is this an incident or complaint **Date of the incident/complaint:** _____
(circle one)

Nature of the incident/complaint:

Has this issue been discussed with the individual and the complainant?

If so, when?

If not, why not?

Has this matter been discussed with anyone else within Seniors Helping Seniors®?

If so, whom?

Have any specific actions been requested in order to resolve this complaint?

Documented actions to resolve incident/complaint:

<i>Signature of Receiver</i>	<i>Date</i>	<i>Signature of SHS Representative</i>	<i>Date</i>
Outcome:	Pending Date : _____	Resolved Date : _____	

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