



## PUBLIC AUTHORITY REGISTRY

### CONSUMER GRIEVANCE PROCEDURE

Thank you for using the Public Authority Registry. In addition to the information you have already been provided, we are giving you instructions on how to file a complaint with the agency should you not be satisfied with the service you have received from the Registry staff.

If for any reason, you feel that the program failed to provide you with services as outlined in the Fact Sheet call the Registry at (408) 350-3251 and ask to speak to the **Registry Manager**. Outside the 408 calling area you may call 1 (800) 510-2020.

When speaking to the Registry Manager, please explain your complaint as clearly and completely as possible. Information regarding your complaint will be taken and, if necessary, investigated. If the problem cannot be resolved immediately, you will hear back from the Registry Manager within five business days. It is hoped that this response will resolve the issue.

If after receiving this response you are still not satisfied with some aspect of the Public Authority Registry, complete the Grievance Form on the back of this procedure and mail it to the **Public Authority Services Director**. Again, explain what your concern is and how it was not resolved to your satisfaction by the Registry Manager. You will be notified by mail within 10 business days of the resolution of your complaint. The written decision of the Director will be final.

If you do not wish to make the initial complaint by phone, you can state your grievance by completing the form printed on the back of this page and mail it to the Registry Manager. You will be contacted by phone within five business days.

Please note that the Public Authority Services Registry cannot terminate your Independent Care Provider nor will the result of this grievance procedure have any effect on your IHSS eligibility or authorized hours. Your complaint must be based upon some action that took place in the process of the Public Authority Registry trying to assist you in finding a home care provider.



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CONSUMER GRIEVANCE FORM

Mail To: Public Authority Services by Sourcewise  
Attn: Public Authority Registry  
3100 De La Cruz Blvd, Suite 310  
Santa Clara, CA 95054

\_\_\_\_\_ Date

In the space below, please describe your grievance to the best of your ability. Include as much detailed information as possible such as: dates, times, names of persons involved, etc. If you need additional space you may include additional sheets of paper as needed. Please print or type this information and sign the form before mailing to the Public Authority Registry.

Multiple horizontal lines for writing the grievance.

Consumer's signature \_\_\_\_\_

Date \_\_\_\_\_

Neither Public Authority Services nor the County of Santa Clara, accepts any responsibility as an employer of the Independent Provider. The IHSS consumer is the employer of the provider and is responsible for hiring, training, supervising, and terminating his or her employee.