CLIENT REQUESTS AND GRIEVANCES
Minnesota Sex Offender Program

Issue Date: 11/5/19  Effective Date: 12/3/19  Policy Number: 420-5099

POLICY: The Minnesota Sex Offender Program (MSOP) provides an administrative process through which clients can communicate with staff in an effort to promptly resolve concerns or issues in an informal manner and provide a process in which clients can seek formal review by management staff for concerns that cannot be resolved in an informal manner, free from restraint, interference, coercion, discrimination or reprisal.

AUTHORITY: Minn. Stat. § 144.651, subd. 18 and 20; and §253B.03 subd. 3.

APPLICABILITY: MSOP, program-wide

PURPOSE: To provide administrative processes for clients to communicate with staff in writing and for clients or client’s authorized representative(s) to seek formal review of concerns or complaints.

DEFINITIONS:
Authorized representative – a client’s attorney, legal guardian or other individual identified in writing by the client as representing the client’s interests.

Business day – see MSOP Division Policy 120-5600, “Client Computer Network.”

Client Grievance Record – an electronic file maintained by the grievance coordinator to store all submitted grievances and responses.

Client Request (420-5099a) – document used in the request process to identify, track and respond to an individual client’s request. A Client Request (420-5099a) can be used by a client to request information, programming, or to resolve an issue.

Client Medical Request (310-5010e) – refer to MSOP Division Policy 310-5010, “Health Services Provision of Care.”

Communication Chain – document listing the specific staff responsible for responding in each facility area and the next point of contact.

Concern – a current problem, issue or complaint identified by, and specific to, a client.

Disability – see MSOP Division Policy 215-5250, “Clients with Disabilities.”

Electronic Grievance Log (SharePoint) – a running electronic document maintained by the grievance coordinator to track the processing of all submitted grievances.

Grievance coordinator – a designated staff member at each facility, and at central office, who coordinates the grievance process, including monitoring the policy implementation (e.g., following the process and timelines for routing grievances for response).

PROCEDURES:
A. General Information
1. MSOP makes Client Request (420-5099a) and Client Medical Request (310-5010e) forms available to all clients at the unit office of each residential unit.

2. Designated staff post the facility Communication Chain in each living unit.

3. Staff offer assistance to clients with a disability with completing or submitting a Client Request (420-5099a), Client Medical Request (310-5010e), or a grievance as outlined in MSOP Division Policy 215-5250, “Clients with Disabilities” and MSOP Division Policy 215-5017, “Communication Tools and Accessibility Services.”

4. Within 24 hours of admission, receiving unit staff advise all clients of the MSOP internal grievance and appeal process. (See MSOP Division Policy 210-5100, “Admission to the MSOP.”)

5. Clients are encouraged to follow the maltreatment reporting procedures in MSOP Division Policy 210-5058, “Vulnerable Adults” to report alleged client maltreatment.

B. Submitting and Processing Client Requests (420-5099a)

1. Clients must complete the Client Request (420-5099a), providing the necessary information for staff to make an informed decision.
   a) Client Requests (420-5099a) not containing the necessary information may be delayed or returned to the client to request additional information.
   b) Clients must submit only one Client Request (420-5099a) per topic to the first person in the Communication Chain. If a client submits more than one request per topic to multiple staff, all requests on the topic are returned to the client, resulting in a delayed response to the client’s concern.

2. When a client submits a Client Request (420-5099a) to staff, staff:
   a) review the Client Request (420-5099a) to ensure the communication contains a specific request and follows the Communication Chain;
   b) document on the form the date and time the Client Request (420-5099a) was received;
   c) legibly print his/her name in the area provided on the Client Request (420-5099a);
   d) return the pink copy to the client; and
   e) forward the original to identified staff/designee, who responds in writing to requests submitted on the Client Request (420-5099a) within ten calendar days of receiving the form.

3. If the identified staff is unable to answer the Client Request (420-5099a), he/she returns the Client Request (420-5099a) to the client suggesting the staff to whom it should be sent.

4. Staff notify the client in writing when additional time is needed to respond to a request, specifying when an answer can reasonably be expected. Staff follow up with the response.

5. The staff responding returns the completed original copy to the client, and sends the facility copy to the Records Department/designee for retention.
6. If the client is dissatisfied with the response, the client may submit a new Client Request (420-5099a) to the next identified staff following the Communication Chain, attaching all previous Client Request (420-5099a) regarding the topic. (For Client Medical Requests (310-5010e), refer to MSOP Division Policy 310-5010, “Health Services Provision of Care” section G.)

C. Prior to Initiating a Formal Grievance
1. Clients must attempt informal resolution of their concerns by exhausting the entire Communication Chain.

2. Clients must ensure the grievance does not fall under the listed policies having a separate internal review or appeal process:
   a) MSOP Division Policy 415-5084, “Administrative Restriction Status;”
   b) MSOP Division Policy 415-5085, “Protective Isolation Status;”
   c) MSOP Division Policy 420-5230, “Media Possession by Clients;”
   d) MSOP Division Policy 420-5010, “Client Behavioral Expectations;”
   e) DCT Policy 125-1000, “Tort Claims;”
   f) MSOP Division Policy 135-5160, “Accuracy and Completeness Data Challenges;” or
   g) MSOP Division Policy 310-5060, “Psychiatric Services.”

D. Initiating a Formal Grievance
1. A client who has exhausted the Communication Chain and is unable to informally resolve a concern for which there is no review or appeal process in another policy, may submit a Grievance Request (420-5099b) to the facility grievance coordinator. All grievances must be on the designated form and submitted as outlined on the Grievance Request (420-5099b).

2. Clients who have received threats to their physical safety or well-being, or can establish that they would be in danger if their complaint were to be known at the facility, may submit their facility grievance on the Grievance Request (420-5099b) directly to the MSOP Executive Director at 444 Lafayette Road, St. Paul, MN 55155-0992, in a sealed envelope marked “special mail.”

E. Processing Formal Grievances
1. The facility grievance coordinator:
   a) receives client grievance forms and ensures forms are complete and in compliance with conditions listed on the Grievance Request (420-5099b);
   b) determines the appropriate area to investigate and address the grievances;
   c) logs grievances into the Electronic Grievance Log (SharePoint) and maintains a copy in the Client Grievance Record. (MSOP Grievance Management SharePoint Site);
   d) returns incomplete or inappropriate grievance forms to the client or his/her authorized representative who may revise and resubmit within seven business days;
   e) sends the client or their authorized representative a copy of the completed MSOP Grievance Coordinator Tracking Form (420-5099c) including the date grievance was logged and name of the assigned area assistant director, security director, associate clinical director or division director;
f) submits the information to the appropriate area assistant director, security director, or associate clinical director (who consult with the facility director or facility clinical director) or division director, who:
   (1) dismisses the grievance;
   (2) affirms the grievance; or
   (3) affirms the grievance with modifications;

h) if the assigned area assistant director, security director, associate clinical director or division director is unable to make a decision within ten business days, the grievance coordinator grants the assistant director, security director, associate clinical director or division director a one-time five business day extension and sends the client or his/her authorized representative written notification of the extension by completing the Grievance Coordinator Tracking Form (420-5099c).

2. If a client or his/her authorized representative does not receive a Grievance Response (420-5099d) or extension notice within five business days, the grievance is considered dismissed, and the client or his/her authorized representative may appeal the grievance dismissal to the MSOP Executive Director.

F. Grievance Appeal Process
1. If a client or his/her authorized representative is dissatisfied with the assistant director, security director, associate clinical director or division director’s response, the client or his/her authorized representative may submit a Grievance Appeal (420-5099e) to the MSOP Executive Director within ten business days of the date on the response. The client or authorized representative must mail the appeal to: MSOP Executive Director, 444 Lafayette Road, St. Paul, Minnesota 55155-0992. If the MSOP Executive Director is unable to make a decision within ten business days, the grievance coordinator grants the MSOP Executive Director a one-time five business day extension and sends the client or his/her authorized representative written notification of the extension by completing the Grievance Coordinator Tracking Form (420-5099c).

2. The decision of the MSOP Executive Director on the Grievance Appeal Response – Central Office (420-5099f) is final.

REVIEW: Annually

REFERENCES: MSOP Division Policy 215-5250, “Clients with Disabilities”
MSOP Division Policy 310-5010, “Health Services Provision of Care”
MSOP Division Policy 215-5017, “Communication Tools and Accessibility Services”
MSOP Division Policy 210-5100, “Admission to the MSOP”
MSOP Division Policy 415-5085, “Protective Isolation Status”
MSOP Division Policy 420-5230, “Media Possession by Clients”
DCT Policy 125-1000, “Tort Claims”
MSOP Division Policy 135-5160, “Accuracy and Completeness Data Challenges”
MSOP Division Policy 210-5058, “Vulnerable Adults”
MSOP Division Policy 120-5600, “Client Computer Network”
MSOP Division Policy 310-5060, “Psychiatric Services”

ATTACHMENTS:  
Client Request (420-5099a)  
Grievance Request (420-5099b)  
MSOP Grievance Coordinator Tracking Form (420-5099c)  
Grievance Response (420-5099d)  
Grievance Appeal (420-5099e)  
Grievance Appeal Response – Central Office (420-5099f)  
Client Medical Request (310-5010e)

SUPERSESSION:  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/  
Nancy A. Johnston, Executive Director  
Minnesota Sex Offender Program