

**City and County of Denver  
Community Corrections Division**

<b>Community Corrections Division Policy and Procedure Manual</b>	<b>Policy Number: 1000.07</b>	<b>Date Issued: 10/09/2020</b>
<b>Chapter: Community Corrections Division</b>	<b>Related Standards:</b>	<b>Date Revised:</b>
		<b>Effective Date: 10/15/2020</b>
<b>Subject: Complaints / Grievances</b>	<b>Authority: Community Corrections Director</b>	

**A. PURPOSE:** To provide community corrections program staff, clients and community members an opportunity to resolve complaints and/or grievances, and in so doing, also provide data to the Denver Community Corrections Board that can be aggregated and used for program and system-wide improvements.

**B. SCOPE:** The policy applies to Denver Community Corrections Board Staff (DCCB Staff).

**C. POLICY:** Assures a process is in place to accept, investigate, and adequately resolve complaints and/or grievances received by the DCCB Staff. In this policy “complaint” or “grievance” will be used interchangeably.

**D. ONSITE AVAILABILITY:**

DCCB staff is responsible for the following measures to ensure adequate education on and acceptance of complaints:

- (i) Ensuring that the grievance procedure guidelines remain clearly posted in a centralized location in every facility;
- (ii) Performing site visits to every facility at minimum every 60 days with the responsibilities listed below. Frequency of site visits could be increased depending on size of facility, length of stay of clients, current events, and trends of complaints received.
  - (a) Site visits will occur in the facility in an obvious location accessible to clients, such as a dining hall or recreation room, and making oneself available to clients and staff to receive complaints and grievances during that time;
  - (b) Any complaints or grievances registered verbally shall be converted into writing in a standardized form;
  - (c) Site visits shall be scheduled in advance so that clients and staff may prepare anything they might like to present and plan for timing. These site visits shall also vary in time and days of the week;
  - (d) Time spent investigating complaints/grievances shall be separate from (and in addition to) time dedicated to site visits.
- (iii) Separate from the site visits, DCCB is responsible for providing refresher presentations periodically (but no less than 3 times per year) inside each program facility to ensure that clients and staff are all aware of the

grievance/complaint procedure, including the availability of and process for registering complaints/grievances and the investigation and resolution procedures and protocol. The responsibility of providing these presentations shall not be delegated to program staff. To the degree possible, this information will be shared with family members. Time spent in facilities for these presentations shall be separate from (and in addition to) time dedicated to site visits.

Grievance procedures for each facility shall be publicly available online through the DCCB website.

#### **E. COMPLAINT PROCEDURES:**

1. Receipt of Complaint: Denver Community Corrections is committed to providing oversight of contracted community corrections programs. Part of this commitment is to provide program staff, clients and community members an opportunity to resolve complaints. Should a complaint be received, DCCB Staff will sufficiently review and investigate. As deemed appropriate, areas of review and investigation may include circumstances surrounding a complaint filed to resolve any confirmed area of concern in a timely manner.

Complainants can find DCCB Staff contact information to make a complaint at <https://www.denvergov.org/content/denvergov/en/department-of-safety/alternative-corrections/community-corrections.html>

A complaint is defined as a concern or allegation the provider is not upholding the Division of Criminal Justice Standards or Contract requirements; is violating any civil, regulatory, or criminal law; or is otherwise engaging in behavior or actions that impede the purposes of providing safe, healthy, community-oriented rehabilitation.

A complaint may be received in writing, via phone, via electronic correspondence, or in person.

Complaints may be received anonymously, from a client or third party. In the event an anonymous complaint is received, attempts will be made to confirm information provided during an anonymous complaint, including an attempt to contact the complainant to obtain additional information.

Complaints shall be transmitted without alteration, interference, or delay to the party responsible for receiving and investigating grievances.

The person reporting the grievance shall not be subject to any adverse action as a result of filing the complaint.

Data on race, ethnicity and gender will be maintained on individual clients. Grievance procedures shall provide anonymous clients with a non-mandatory option to provide demographic data on their race, ethnicity, and gender.

2. Response: The review and investigation may include providing information, program site visits/audit, or referring information to legal authorities if deemed necessary.

- a. Immediate Response: In the event a complaint is determined to be an imminent risk to the community or the individual the complaint response will be initiated immediately upon receipt.
  - b. Routine Response: This complaint response will generally be initiated with an attempt to resolve within ten business days from date of receipt by the DCCB Staff.
  - c. Limited Response: In the event a complaint is received with limited information, request to remain anonymous with limited information or the complainant provides minimal information to investigate or resolve the complaint, the DCCB Staff will attempt to resolve the complaint and document efforts made.
3. Determination of Complaint Findings
- a. Substantiated: An allegation that was investigated and determined to be a violation meeting the definition of a complaint;
  - b. Unsubstantiated: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not a violation meeting the definition of a complaint occurred or did not occur;
  - c. Unfounded: An allegation that was reviewed or investigated and determined a violation meeting the definition of a complaint did not occur.
  - d. Out of Scope: An allegation that was received or investigated and determined a need to be forwarded to the referring agency, or other appropriate recipient.
4. Coordinated Response: DCCB Staff summarize response, outcomes and/or additional DCCB Staff or program action required. The complainant may provide recommended remedy and DCCB Staff will take into consideration such recommendations as appropriate. The complainant has the right to appeal the DCCB Staff finding/outcome to the Denver Community Corrections Board. The complainant has the right to request a policy review regarding this process to the Colorado Division on Criminal Justice, Office of Community Corrections.

Records of complaints and all related documents are maintained electronically utilizing the Complaint Review form.

5. Review:
- a. Upon completion of an investigation, the completed Complaint Review form will be forwarded to the provider with all necessary efforts to maintain complainant confidentiality when applicable. The provider will have the opportunity to provide a written response to be saved electronically with the Complaint Review form.
  - b. completed Complaint Review forms can be requested by a Board member at any time for their review. Completed Complaint Review forms will be distributed to the Denver Community Corrections Board at the next scheduled Board meeting at the discretion of Board staff. This would include instances of a trend of complaints at a specific facility or an egregious complaint. All necessary efforts to maintain complainant confidentiality when applicable.

- c. Quarterly reports will be provided to Board members to include the number of complaints received from each facility, the category of the complaint and the finding.

**F. DATA AGGREGATION, SURVEYING, AND REPORTING:**

A report by the DCCB shall be produced annually that will provide the following data collected from complaints that have been filed with DCCB:

- (i) For each program, the number of grievances filed during the reporting period and the finding;
- (ii) For each program, the number of those grievances still open after 30 days of receipt of complaint (i.e., not yet reached final resolution);
- (iii) Analysis or summary of any program or system-wide patterns, trends, and/or areas of concern raised in that reporting period's grievances, to provide the DCCB, programs, and other stakeholders with information to help program- and system-wide development; and
- (iv) An aggregation of the demographic data collected on grievance reporters to the extent possible.

This reporting by DCCB shall be made available to all relevant stakeholders and shall be publicly accessible.

Separately, survey data shall be collected from every program annually, with the purpose of providing the DCCB with information on the implementation and efficacy of grievance procedures. The surveys shall be administered among the program clients, shall not request identifying information, shall remain anonymous, but shall collect demographic data (i.e., on gender identity, race, age, disability, sexual orientation). Program clients shall be informed that the survey responses will maintain their confidentiality. These surveys shall be administered by DCCB, and not program staff. At a minimum, the survey shall inquire about (a) the client's understanding of how the grievance procedure works, (b) if the client has filed a grievance, the quality of the handling and resolution of the grievance, (c) if the client has a complaint but has not filed a grievance, the reason for not filing, and (d) whether the client avoided filing a grievance due to fear of retaliation. This survey data shall become part of the DCCB annual reporting.

**G. ATTACHMENTS:**

- Complaint Review form

**The Director or designee shall review this policy annually.**

Date Reviewed	Signature of Director or Designee	Policy Approved	Revision Request
10/12/2020		10/12/2020	N/A

Revision made to this policy:

<b>Revision Date</b>	<b>Revision Made</b>	<b>Staff Notification Date</b>	<b>How Revision was Communicated to Staff</b>	<b>Staff Receiving Notification</b>