



Wisconsin's Self-Directed Supports Program

Complaints and Grievances

It is IRIS policy to protect your rights by having a process for you to express and resolve complaints about any IRIS matter. You can do this in several different ways.

When you are dissatisfied with IRIS service or communication, you may submit an **Informal Complaint** or a **Formal Grievance**. IRIS encourages you to begin by discussing your concerns or complaints with your IRIS Consultant.

What is an Informal Complaint?

An Informal Complaint is when you discuss concerns or issues directly with IRIS staff. You do not have to make an Informal Complaint before filing a Formal Grievance.

When Can I Make an Informal Complaint?

An Informal Complaint can occur:

1. Any time before or during a formal grievance procedure as an additional way to resolve the complaint;
2. During a formal grievance, if all parties agree, the formal process may be suspended and an Informal Complaint process started. Applicable time limits may be postponed to allow the parties to attempt an informal resolution of the complaint. The IRIS Participant Services Specialist conducting the review facilitates this process.

How Do I Make an Informal Complaint?

Follow these steps for making an Informal Complaint:

1. Tell an IRIS employee that you have a complaint.
2. The IRIS employee will respond with one or more of the following methods:
 - a. An attempt to resolve the complaint;
 - b. Individual communication with the parties involved; and/or
 - c. Consultation with a Mentor or Participant Services Specialist for help with the process as desired.
3. If the issue is resolved, the IRIS employee documents it in case notes;
4. If the issue is not resolved, you may choose to file a Formal Grievance;
5. You or the IRIS employee informs the Participant Services Specialist of the Formal Grievance request;
6. You may choose to return to the Informal Complaint process to resolve the matter at any point during the Formal Grievance process.

What is a Formal Grievance?

A Formal Grievance can be oral or written. It is an official, documented way to file a complaint. You can file a formal grievance with your IRIS Consultant. A Formal Grievance has certain time limits for submission and review.

How Do I Make a Formal Grievance?

1. Presentation:
 - a. You submit a Formal Grievance to IRIS after the occurrence (the reason for the complaint).
 - b. The Formal Grievance must be documented.
 - c. The **Formal Grievance Form** must be completed and sent to the IRIS Consultant Agency in order to track the grievance. You may complete it or ask an IRIS employee to complete it. You may also request to review the form if an IRIS employee completes it.
2. Inquiry/Investigation
 - a. When the IRIS Consultant Agency receives the **Formal Grievance Form**, an IRIS Participant Services Specialist will contact you. The Participant Services Specialist will listen to your concerns and make recommendations to resolve the issues.
 - b. The Participant Services Specialist will tell you how you may file a formal grievance through a specific, orderly process. The Participant Services Specialist may also choose to initiate the grievance directly with the Department of Health Services directly for a final review.
 - c. When the Participant Services Specialist has all the necessary information, he/she will:
 - i. Review the information to see if the grievance can be supported;
 - ii. Describes the facts and basis for this determination;
 - iii. Describes the actions/recommendations for resolution (and a timeline if appropriate); and
 - iv. Provides a copy of the **Formal Grievance Form** to you, the appropriate IRIS manager, administrator, and other relevant staff.
3. Grievance Review Process
 - a. The IRIS Consultant Agency Program Manager:
 - i. Reviews the Formal Grievance Form and any supporting information;
 - ii. Makes a decision that is the official position of the IRIS program;
 - iii. Presents the decision to you either via phone, personally or by mail; and
 - iv. Includes a notice of how to request another review within 14 days of decision if you want to pursue further review.
 - b. Department of Health Services (DHS) Administrative Review
 - i. An Administrative review is done by the Wisconsin Department of Health Services (DHS);
 - ii. The IRIS Consultant Agency Program Manager submits the original written report and written decision to DHS;
 - iii. The Bureau of Long-Term Care IRIS Manager, Director, or designated administrator independently conducts a review then renders a decision and report within 30 days of submission; and
 - iv. If you disagree with the State Administrative Review, you can request a final state review within 14 days of the decision.

- c. Final State Review
 - i. The Division Administrator receives all relevant grievance materials for review within 30 days;
 - ii. You are presented with a decision and notice that there is no further administrative appeal except bringing action in court.
4. Action in Court
You may take the Formal Grievance to court at any time during or after the grievance process.

Exceptions

This does not apply to complaints or grievances from service providers.

Who Can Help Me?

If you would like assistance with the complaint or grievance process, you may contact IRIS or any of the following independent agencies:

IRIS Participant Services

1 South Pinckney Street, Suite 320

Madison, WI 53703

1-888-515-4747

info@Wisconsin-IRIS.com

Persons with developmental disabilities or physical disabilities may contact Disability Rights Wisconsin at the nearest office:

Disability Rights Wisconsin

www.disabilityrightswi.org

Madison Office

131 W. Wilson Street, Suite 700

Madison, WI 53703

Telephone: 1-608-267-0214

Fax: 1-608-267-0368

Toll-Free: 1-800-928-8778

TTY: 1-888-758-6049

Milwaukee Office

6737 W. Washington Street, Suite 3230

Milwaukee, WI 53214

Telephone: 1-414-773-4646

Fax: 1-414-773-4647

Toll-Free: 1-800-708-3034

TTY: 1-888-758-6049

Rice Lake Office

217 W. Knapp Street

Rice Lake, WI 54868

Telephone: 1-715-736-1232

Fax: 1-715-736-1252

Toll-Free: 1-877-338-3724

TTY: 1-888-758-6049