

**STATE OF CONNECTICUT
ACCESS TO RECOVERY II PROGRAM (ATR II)
Department of Mental Health and Addiction Services**

GRIEVANCE PROCEDURE EXAMPLE

RECIPIENT RIGHTS

All services at _____ (Program Name) are voluntary. Even after accepting services, recipients have a right to terminate services at any time. Applicants for services will have equal access and can be expected to be treated with respect regardless of their gender, race/color/national origin, age, sexual orientation, or physical/mental disability.

GRIEVANCE PROCEDURE

If you do not think you are being accorded your rights, or believe that you have been treated unfairly you should file a grievance with your primary counselor. A grievance may be filed verbally or in writing and should contain at a minimum a full description of the grievance, the date it occurred, the persons involved, and an expected outcome. If you do not feel the grievance is being handled appropriately by your counselor, you may contact the program supervisor or program director. If you are not satisfied with the handling of the grievance at the program or feel uncomfortable filing a grievance at the program, you may contact Access to Recovery II at the toll free number (866) 580-3922. You may not be threatened, penalized or have your services negatively affected solely for filing a grievance.

Recipient Signature: _____ Date: _____