AIDS LEGAL REFERRAL PANEL
CLIENT GRIEVANCE PROCEDURE

Your right to file a grievance.

The AIDS Legal Referral Panel (ALRP) welcomes client comments and takes complaints ("grievances") seriously. If you feel that you have been treated unfairly as a client, you are entitled to protest the policies or actions that have affected you unjustly. A complaint may be made because you are dissatisfied with the services or information provided to you by either an ALRP staff member or a panel attorney to whom you were referred.

You may make an oral complaint by calling ALRP at (415) 701-1200, ext. 308. You may also send a written complaint to ALRP on the attached form (or on your own paper, if you prefer). A written grievance should be marked “confidential” and sent to:

Executive Director
ALRP
1663 Mission Street, Suite 500
San Francisco, CA 94103.

If you file an oral complaint or a written grievance you have the following rights:

- To discuss the grievance with those who will be making the decision.
- Not to be denied service or otherwise retaliated against because you filed the grievance.
- To have your identity kept confidential to the extent possible while allowing for an investigation.
- To take other avenues of redress provided by law even though you have used this grievance procedure.
- To be provided with copies of ALRP information that you request related to the grievance that is not confidential and/or legally protected from disclosure. You may be required to pay a reproduction charge for this service but this charge may be waived under certain circumstances.
- To choose to have an advocate present for any meetings with ALRP. This other person, who might be a friend, other client, family member, or formal advocate, must be provided at your own expense. ALRP staff members may not act as your advocate in any way. (Be aware that if you choose to bring an advocate to meetings with ALRP, those conversations may not be privileged in the way that attorney-client communications usually are.)
Procedure for filing a grievance.

COMPLAINTS ABOUT PANEL ATTORNEYS

1) If you have a complaint regarding an ALRP panel attorney you may contact any ALRP Client Services staff member to register your complaint either orally or by sending the complaint in writing. (If the complaint is made orally, you may request at that time that the staff member summarize your concerns in writing and provide a copy of that summary to you.) Complaint subjects may include, but are not limited to, an attorney’s failure to return your calls, an attorney’s failure to complete a project, fee disputes between you and an attorney, and HIV sensitivity issues.

2) The staff member will facilitate a mutually acceptable resolution if possible. Resolution efforts may include acting as a liaison between you and the panel attorney. The staff member shall act as a neutral party when conducting these discussions.

3) If your grievance is not resolved to your satisfaction at this level within 30 days of submitting your complaint you may request a review of your grievance by ALRP’s Executive Director.

4) The Executive Director will investigate your complaint and attempt to reach a resolution within 30 days of having been referred the complaint. If your complaint is a fee dispute with a panel attorney, and if the Executive Director does not resolve the grievance to your satisfaction within 30 days, the Executive Director shall refer you to the Bar Association Fee Arbitration Panel in your county. If your complaint is not about fees charged, and if the Executive Director does not resolve the grievance to your satisfaction within 30 days, you may request – and the Executive Director will produce – information about other resources that may be able to help you pursue your complaint.

COMPLAINTS ABOUT ALRP STAFF

1) If you have a complaint against an ALRP staff attorney who is representing you in a legal matter, your signed retainer agreement will set forth the methods for resolving disputes, and will supersede this grievance procedure.

2) If you have a complaint regarding an ALRP staff member who is not representing you, you may contact ALRP’s Executive Director to register the complaint either orally or by sending the complaint in writing. (If your complaint is made orally, you may request at that time that the Executive Director summarize your concerns in writing and provide a copy of that summary to you.) The Executive Director may assign complaints to the identified staff person’s supervisor for resolution. Any complaint about the Executive Director shall be handled by the Chair of the Program Committee of ALRP’s Board of Directors.

3) The Executive Director will facilitate a mutually acceptable resolution if possible or may attempt to serve you directly.
4) If your grievance is not resolved to your satisfaction at this level within 30 days you may request a review of your grievance by the Program Committee of the Board of Directors. The Committee will obtain a response to the complaint from the staff member and investigate.

5) Within 60 days of receiving the complaint, the Committee will complete its investigation and notify the parties in writing that it will either:

   a) Recommend to the Board that appropriate action should be taken against the staff member, or:
   
   b) Close the matter with no action.

5) If the grievance is not resolved to your satisfaction, you may request – and the Program Committee of the Board of Directors will produce – information about other resources that may be able to help you pursue your complaint.

**Other Resources**

For your information, the following agencies will also take complaints:

**SAN FRANCISCO HUMAN RIGHTS COMMISSION**
25 Van Ness Avenue, Suite 800
San Francisco, CA 94102
(415) 252-2500
*Handling complaints alleging discrimination based on membership in a protected group based on race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability, place of birth, creed, national origin, or HIV/AIDS.*

**OFFICE FOR CIVIL RIGHTS – DEPARTMENT OF HEALTH AND HUMAN SERVICES**
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310
*The Office for Civil Rights primarily handles complaints alleging discrimination based on membership in a protected group based on race, color, age, disability, or national origin.*

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH – AIDS OFFICE**
25 Van Ness Avenue
San Francisco, CA 94102
(415) 554-9000
*The AIDS Office of the San Francisco Department of Public Health monitors certain HIV/AIDS service organizations, including AIDS Legal Referral Panel.*

**STATE BAR OF CALIFORNIA – ATTORNEY DISCIPLINE/COMPLAINT HOTLINE**
1-800-843-9053
1149 Hill Street
Los Angeles, California 90015
*The State Bar’s Public Protection Program accepts consumer complaints against lawyers.*
HIV CONSUMER RIGHTS ADVOCACY PROJECT
1540 Market Street, Suite 301
San Francisco, California 94102
(415) 863-8131
This project accepts complaints from HIV positive San Francisco residents against HIV service providers.

BAR ASSOCIATION OF SAN FRANCISCO/ALTERNATIVE DISPUTE RESOLUTION SERVICES
465 California Street, Suite 1100
San Francisco, CA 94104
(415) 982-1600

ALAMEDA COUNTY BAR ASSOCIATION FEE ARBITRATION PANEL
610 16th – Street, Suite 426
Oakland, CA 94612
(510) 893-7160

CONTRA COSTA COUNTY BAR ASSOCIATION – ADR PROVIDER PROGRAM
704 Main Street
Martinez, CA 94553
(925) 686-6900
AIDS Legal Referral Panel
Grievance Form

In order for the ALRP to promptly consider your complaint, please fill out this form and mail it to: Executive Director, ALRP, 1663 Mission Street, Suite 500 San Francisco, CA 94103. If you’d prefer, you may make a complaint orally by calling ALRP at (415) 701-1200, ext. 308 or by writing your complaint on your own paper.

1. For what type of legal assistance did you contact ALRP? (i.e. employment discrimination, landlord-tenant dispute, family law, etc.)

2. Does your complaint concern:
   [  ] An ALRP staff person?
   [  ] An ALRP panel attorney?
   If you know the name of the person, what is it?

3. Please state the nature of your complaint (attach separate paper if needed):

4. Do you have any suggestions on how this problem can be resolved?

5. Would you like an ALRP staff person to contact you to review or investigate your complaint? _____. If “yes”, please complete the following section and sign below:

   Name: ______________________________
   Address: ____________________________
   Telephone: __________________________

   I request ALRP to undertake an investigation of my complaint pursuant to its grievance policy. If my complaint is against a panel attorney, I hereby authorize ALRP staff to discuss my case with the panel attorney in order to further the investigation.

   Signed: _____________________________  Date: ________________