



# Client Rights Responsibilities & Grievance Procedures

**Vision:**  
to live in a world where all victims are healed.

**Purpose:**  
to provide crisis intervention, advocacy, and education to victims of crime and trauma and the professionals who serve this population.

**Mission:**  
to empower our community to restore lives impacted by crisis, violence, and tragedy.

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# Section 1. Free Services

## victim assistance program

### 24/7 CRISIS RESPONSE

*We provide emergency emotional care to victims of crime and trauma. Members of our response team are always here to help.*

#### We're here for you

- 24-hour crisis & text hotline
- 24-hour website chat
- On scene response with first responders
- Group intervention at schools or in the office

#### Why call or chat?

- You are a victim of crime or trauma
- You need someone to talk to
- You need information and resources
- You don't know what to do next
- You are a friend or employer of a victim
- You have a client or patient who is a victim

*Members of the Summit County Crisis Response Team are comprised of volunteers and paid staff. Each must undergo extensive ongoing training, are trauma informed, and have cleared a state and federal background check.*

**24-Hour Crisis & Text Hotline**

**330.376.0040**

**24-Hour Website Chat**

**[victimassistanceprogram.org](http://victimassistanceprogram.org)**

Free services are available to all victims, regardless of race, ethnicity, gender identity, sexual orientation, disability, religion, ability to speak English, or any other characteristic protected by law.

## victim assistance program

### ADVOCACY SERVICES

*Our highly trained credentialed advocates are dedicated to helping you achieve your goals and connecting you with the services you need.*

#### We're here to help

- Criminal justice system support
- Court accompaniment with legal services for protection orders
- Community resource referrals
- Victims' rights education

#### Why work with an advocate?

- You don't know what to do next
- You want information on victims' rights
- You need support through the court process
- You need help creating a plan of action
- You need referrals for other services
- You are looking for survivor support groups

*When advocates offer coordinated, early, victim-focused interventions, victims are more likely to participate in court proceedings, access community-based advocacy programs, and report decreases in distress, post-traumatic stress disorder symptoms, depression, and fear.*

**24-Hour Crisis & Text Hotline**

**330.376.0040**

**24-Hour Website Chat**

**[victimassistanceprogram.org](http://victimassistanceprogram.org)**

Free services are available to all victims, regardless of race, ethnicity, gender identity, sexual orientation, disability, religion, ability to speak English, or any other characteristic protected by law.

## Victim Assistance Program's Office Locations

### *Main Office*

137 South Main Street, Suite 300  
Akron, OH 44308  
Monday – Friday | 8:00am – 4:00pm

### *Akron Police Department Office*

217 South High Street, 6th floor  
Akron, OH | 44308  
Monday – Friday | 4:00pm – 12:00am

### *Barberton Municipal Court Office*

576 West Park Ave, 1st floor  
Barberton, OH 44203  
Monday – Friday | 8:00am – 4:00pm

### *Domestic Relations Court Office*

205 South High Street, 2nd floor  
Akron, OH 44308  
Monday – Friday | 8:00am – 4:00pm

### *Stow Municipal Court Office*

4400 Courthouse Drive, 2nd Floor  
Stow, OH 44224  
Monday – Friday | 8:00am – 4:00pm

## Anonymous Survey

To help us improve our services, please scan the code with your phone's camera to take a short survey about the services you received from Victim Assistance Program. Your answers will remain anonymous. Thank you very much for letting us know how we are doing.



## Section 2. Client Rights

Chapter 5122-26-18 of the Ohio Administrative Code (OAC), outlines policies and procedures for the operation of Mental Health Service Agencies regarding client rights and grievance procedures. Victim Assistance Program adheres to OAC Chapter 5122-26-18 Rule (E) (1) through (21) as deemed appropriate to victim advocacy and additional client rights identified to be in the best interest of clients, both of which are outlined below.

### OAC Chapter 5122-26-18 (E)

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for

the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and,
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

Additional policies that are in the best interest of clients:

1. The right to receive services in an environment that promotes respect, healing, and positive behavior;
2. The right to receive services that are respectful of, and responsive to, cultural and linguistic differences;
3. The right to be provided interpretive services, at no cost;
4. The right to withhold identifiable information including one's name or demographics.

## Ohio Job & Family Services

### Temporary Assistance to Needy Families (TANF) Program

If you are a TANF client, you have the right to request a state hearing at any time.

**Ask for a state hearing:** You can ask for a state hearing, if you disagree with the agency's action or think that the agency may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services

(ODJFS) must receive your request 90 days from the date the **Notice of Approval of Your Application for Assistance** notice was mailed to you. If the 90th day falls on a holiday or weekend, the deadline will be the next workday.

**Ask your local Legal Aid program for free help with your case:** Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at [www.ohiolegalservices.org/programs](http://www.ohiolegalservices.org/programs). If someone is helping you with your case, ODJFS will need a signed “authorized representative” notice from you saying it’s okay for that person to represent you for the hearing process.

**On the day of the state hearing:** You, or someone else helping you with your case, can explain the reason(s) why you don’t think the decision is right. The agency proposing the action will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Here are options on how to request your state hearing, after receiving your **Notice of Approval of Your Application for Assistance** notice. Please only submit your hearing request one time.

**Electronically:** Submit the hearing request to the Bureau of State Hearing SHARE portal at <https://hearings.jfs.ohio.gov/SHARE>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov).

**Email:** Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject, put “State Hearing Request.” In the message, put all of the information from Page 2 of your notice.

**Phone:** Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention your notice.

**Fax:** Fax both pages of your notice to the ODJFS Bureau of State Hearings at 614-728-9574

**Mail:** Mail both pages of your notice to the ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825

**Contact your caseworker:** It is better to send your request using one of the other methods above. But, you may give Page 2 of your notice (completed and signed) to your caseworker. Or, you may phone your caseworker and mention your notice.

## Section 3. Client Responsibilities

Victim Assistance Program is committed to supporting clients who have experienced a victimization or a traumatic event. Victim Advocates can only provide superior services when clients adhere to their own personal responsibilities.

Victim Assistance Program holds each client accountable for the following responsibilities:

1. Ask questions.
  - a. No question is too big or too small;
  - b. Any and all questions are considered appropriate;
  - c. It is okay to repeat questions for clarification.
2. Be open and honest.
  - a. Advocates provide clients with options based on their specific needs. If staff are not provided with accurate information, staff may not be able to provide the best options;
  - b. Victim Assistance Program referrals are vetted to ensure they provide appropriate services. Some referrals have eligibility requirements. Therefore, providing accurate information is necessary to ensure an appropriate referral is provided;
  - c. Clients who respond honestly when completing surveys allow our agency to make needed changes.
3. Be respectful to staff, volunteers, and interns.
  - a. Clients are not to yell, threaten, or use profanities when communicating with employees, interns, and volunteers.
4. Attend all scheduled meetings or provide adequate notice of cancellation.
5. Respect the privacy and confidentiality of other clients who are seen in our offices.
6. Complete a Release of Information Form when needed to allow Victim Assistance Program to share client information about services provided to another individual or agency.
  - a. As these forms expire, clients may be requested to sign multiple forms.

***Victim Assistance Program wishes to ensure that clients are provided with the best possible services. Therefore, clients who wish to volunteer or become employed with the agency must wait (5) five years after the last date of employment to be considered for a volunteer or employment position.***

## Section 4. Victim Advocate Responsibilities

Victim Assistance Program requires its employees, volunteers, and interns to abide by the Code of Professional Ethics for Victim Assistance Providers adopted by the National Organization for Victim Assistance Board of Directors on April 22, 1995. The following adopted code of professional ethics, states in part:

“Victims of crime and the criminal justice system expect every Victim Assistance Provider, paid or volunteer, to act with integrity, to treat all victims and survivors of crime—their clients—with dignity and compassion, and to uphold principles of justice for accused and accuser alike. To these ends, this Code will govern the conduct of Victim Assistance Providers:

In relationships with every client, the Victim Assistance Provider shall:

1. Recognize the interests of the client as a primary responsibility;
2. Respect and protect the client’s civil and legal rights;
3. Respect the client’s rights to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate other sources;
4. Respond compassionately to each client with personalized services;
5. Accept the client’s statement of events as it is told, withholding opinion or judgment, whether a suspected offender has been identified, arrested, convicted, or acquitted;
6. Provide services to every client without attributing blame, no matter what the client’s conduct was at the time of the victimization or at another stage of the client’s life;
7. Foster maximum self-determination on the part of the client;
8. Serve as a victim advocate when requested and, in that capacity, act on behalf of the client’s stated needs without regard to personal convictions and within the rules of the advocate’s host agency;
9. Should one client’s needs conflict with another’s, act about one client only after promptly referring the other to another qualified Victim Assistance Provider;
10. Observe the ethical imperative to have no sexual relations with clients, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship;

11. Make client referrals to other resources or services only in the client's best interest, avoiding any conflict of interest in the process;
12. Provide opportunities for colleague Victim Assistance Providers to seek appropriate services when traumatized by a criminal event or a client..."

## Section 5. How to File A Grievance

As outlined in Section 2, on page 5 of this document, Victim Assistance Program is committed to providing clients and their guests with superior services by adhering to Ohio Administrative Code Chapter 5122-26-18 Client Rights and additional rights deemed appropriate for best service standards.

Victim Assistance Program requires all employees, interns, and volunteers, to engage in and successfully complete a rigorous training to ensure clients receive the best quality of assistance or service. If a situation arises in which a client disagrees with the actions of, or services provided, by an employee, volunteer, or intern, Victim Assistance Program will investigate the concern and provide the client with an equitable, reasonable, and timely resolution.

Every client, or guest of a client, has the right to share their concerns with a supervisor, and or the client rights officer, who works for Victim Assistance Program, by making a formal complaint, also known as a grievance.

### *Filing A Grievance Against an Employee or Volunteer*

To file a grievance, which will initiate an investigation of the incident or occurrence, a client or guest must complete a Victim Assistance Program Grievance Form. If a client is unable to complete this form, they may relay their concerns to an employee who will complete the form on the client's behalf. Once the form is completed, the client is required to sign the form.

The Victim Assistance Program Grievance Form can be obtained from:

#### **Victim Assistance Program Website**

- a. <https://victimassistanceprogram.org/our-services/resources/>

#### **Via Email**

- a. Email [info@victimassistanceprogram.org](mailto:info@victimassistanceprogram.org)

#### **Victim Assistance Program's Office Locations**

##### *Main Office*

137 South Main Street, Suite 300 | Akron, OH | 44308

Monday – Friday | 8:00am – 4:00pm

330.376.7022

*Akron Police Department Office*  
217 South High Street, 6th floor | Akron, OH | 44308  
Monday – Friday | 4:00pm – 12:00am  
330.376.0040

*Barberton Municipal Court Office*  
576 West Park Ave, 1st floor | Barberton, OH | 44203  
Monday – Friday | 8:00am – 4:00pm  
330.861.7260

*Domestic Relations Court Office*  
205 South High Street, 2nd floor | Akron, OH | 44308  
Monday – Friday | 8:00am – 4:00pm  
234.334.4338

*Stow Municipal Court Office*  
4400 Courthouse Drive, 2nd Floor | Stow, OH | 44224  
Monday – Friday | 8:00am – 4:00pm  
330.802.9220

### *Filing A Grievance Against a VAP Attorney*

The Supreme Court of Ohio has given the Certified Grievance Committee of the Akron Bar Association the authority to investigate grievances against attorneys with a Summit County mailing address.

If you believe that a Summit County attorney has not properly handled your case, you have the right to file a complaint with:

1. Akron Bar Association:  
57 S. Broadway St.  
Akron, Ohio 44308  
330.253.5007  
[www.akronbar.org](http://www.akronbar.org)
2. Supreme Court of Ohio's Office of Disciplinary Counsel:  
65 East State Street, Suite 1510  
Columbus, Ohio 43215  
1.800.589.5256  
[www.odc.ohio.gov](http://www.odc.ohio.gov)

### *The Client Grievance Investigation Process*

All information contained in the completed grievance form is regarded as highly confidential and will be used solely for the purposes of identifying

client rights violations and to reach an equitable resolution.

1. The Client Rights Officer, whether it be the Victim Assistance Program President & CEO or a designee, will schedule a meeting with the complainant within three (3) business days after receiving the grievance and begin an investigation.
2. During the initial meeting, the Client Rights Officer will gather and document any additional pertinent information about the grievance to assure there is a comprehensive understanding of the alleged incident or encounter.
3. Within three (3) business days of the initial meeting, or within six (6) business days after receipt of a written grievance, the Client Rights Officer will provide the complainant with written correspondence to acknowledge the receipt of the completed grievance form. This written correspondence shall include:
  - a. The date the grievance was received;
  - b. A summary of grievance;
  - c. Overview of the grievance investigation process;
  - d. Estimated timetable for completion of investigation; and
  - e. Resolution notification.
4. After the initial meeting with the complainant, all parties involved in the alleged grievance are interviewed by the Client Rights Officer within two (2) business days.
5. After all interviews are completed, internal office meetings to determine a resolution of the grievance will be scheduled with the President & CEO within ten (10) business days after the interviews have been completed.
6. A written determination (resolution) of the grievance or notice of an unsubstantiated complaint will be completed by the Client Rights Officer within twenty (20) business days from the date the grievance was filed.
7. A written explanation of the resolution or unsubstantiated complaint will be provided to the complainant.

### *Unresolved Grievances*

If the client feels that their grievance was not resolved, the grievance will be forwarded to the President & CEO. The President & CEO will review the grievance, provide a written explanation of the reason why the grievance has not been resolved, or provide the client with an alternative resolution within twenty-five (25) business days of written notice of an unresolved grievance.

If the client is still unsatisfied, the client has the right to file a complaint with:

1. Summit County Alcohol, Drug Addiction & Mental Health Services Board  
Mental Health Treatment & Client Rights Coordinator  
1867 West Market Street, Suite B2, Akron, OH 44313-6914  
Phone: 330-564-4087  
[www.admboard.org](http://www.admboard.org)
2. Ohio Department of Mental Health and Addiction Services  
Client Advocacy Coordinator  
30 East Broad Street, 8th Floor  
Columbus, OH 43215-3430  
Phone: 614-224-1111  
[www.mh.state.oh.us](http://www.mh.state.oh.us)
3. Ohio Legal Rights  
50 W. Broad St., Suite 1400, Columbus, Ohio 43215-5923  
614-466-7264  
[www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)
4. Counselor, Social Worker and Marriage & Family Therapist Board  
50 West Broad Street, Suite 1075, Columbus, OH 43215-5919  
Phone: 614-466-0912  
[www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)
5. Ohio Civil Rights Commission, Akron Regional Office  
161 S. High St., Suite 205, Akron, OH 44308-1602  
Phone: 330-643-3100  
[www.crc.ohio.gov](http://www.crc.ohio.gov)
6. Ohio Attorney General's Office, Medicaid Fraud Unit  
150 East Gay St., 17th Floor, Columbus, OH 43215  
800-282-0515  
[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)
7. Ohio Attorney General's Office, Crime Victim Services  
150 East Gay St., 17th Floor, Columbus, OH 43215  
614-466-5610  
[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)
8. Office of the Americans With Disabilities, U.S. DOJ, Civil Rights Division  
Disability Rights Section  
950 Pennsylvania Ave. N.W., Washington, D.C. 20530-0001  
Phone 1-800-514-0301 (V)  
[www.ada.gov](http://www.ada.gov)

9. Ohio Governor's Council on People With Disabilities  
400 E. Campus View Blvd., Columbus, Ohio 43235-4604  
614-438-1394  
[www.gcpd.ohio.gov](http://www.gcpd.ohio.gov)
10. Ohio Department of Health  
Division of Performance Improvement  
246 N. High St. Columbus, Ohio 43215  
614-466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)
11. Council on Accreditation  
45 Broadway, 29th Floor, New York, NY 10006  
212-797-3000  
[www.coanet.org](http://www.coanet.org)

## Section 6. How to Contact us about Your Client Rights

Victim Assistance Program's Client Rights Officer is Leanne Graham, President and CEO. You may reach her weekdays between the hours of 8:00am and 4:00pm to discuss any concerns or schedule an appointment to meet with her in person. She may be reached as follows:

Address: 137 South Main Street, Suite 300  
Akron, OH 44308  
Telephone: 330.376.7022 extension 211  
Fax: 330.376.0851  
Email: [lgraham@victimassistanceprogram.org](mailto:lgraham@victimassistanceprogram.org)

# Contact Us

**24-Hour Crisis & Text Hotline**  
**330.376.0040**

**24-Hour Website Chat**  
**[victimassistanceprogram.org](https://victimassistanceprogram.org)**

**Business Line**  
**330.376.7022**

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