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## General Information Memorandum

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**ISD GI 18-41**

**TO:** ISD County Directors, Regional Operations Managers

**FROM:**  Mary Brogdon, Division Director, Income Support Division

**RE:** Procedure for tracking Complaints

**DATE:** August 10, 2018

This GI is to instruct county management on the process of tracking Civil Rights, Rude Treatment, Client Complaints and Everest Concerns.

An electronic log will be maintained on the QIS Reports Monitoring drive ([\\ditsfafs01d1955](#)), for each State Fiscal Year (SFY). Complaints are to encompass requests to speak to a supervisor, county director or regional operations manager, in person or via telephone, complaint calls to the office, Civil Rights and Rude Treatment complaints received from the Quality Improvement Section, complaints received by the Customer Service Centers, and all Everest Concerns, whether big or small.


First time users will have to click on “Enable Content” in yellow at the top of the screen and click “Yes” to it being a trusted source. This will only happen one time for each user.

Begin filling out the form.

**Complainant’s Name:** Last Name, First Name

Complainant's Name:	Last Name, First Name
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**Received Date:** The date Complaint is received; use Calendar to the right to choose the date.

Received Date:  

**County Office of Alleged Allegation:** Where the incident occurred. Use drop down to choose, Customer Service Centers are also listed if the complaint is against them. Region will auto populate based on choice.

County Office of alleged allegation

**Benefit Type:** Use Drop down.

Benefit Type:

**Concern Summary number or Civil Rights number** assigned by QIS: Example: 1234 for Concern Summary # or 2018-124 if a QIS/ Civil Rights (CR) number was assigned.

Everest#   
Concern  
Summary#  
CR#

**Source of Complaint:** Use Drop Down.

Source of Complaint:

**Alleged Staff Member:** Last Name, First Name or Unknown or ISD or County Office or what is indicated by the complaint.

Alleged Staff Member:



**Alleged Discrimination Protected Class:** Defaults to None. Race, Color, Sex, Disability, National Origin, Political Beliefs, Religious Beliefs, Age or a combination of any or all. Shift- Left Click- you can choose consecutive classes. Control –Left Click -selects those on list not consecutive.

Alleged	Political Beliefs
Discrimination	Religious Beliefs
Protected	Age
Class:	None

**Rude Treatment:** Please check the box if complaint is Rude Treatment only or if it is part of a Protected Class complaint.

Rude Treatment:

**Issue/Concern:** Please give details

Issue/Concern:	Applicant/Recipient came to ISD office and requested to speak to a supervisor. Supervisor, NAME, spoke to him and when he indicated case worker, NAME, was rude to him and wouldn't process his case, NAME gave him an ISD 416 to fill out.
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**Resolution:** Please give details; do not indicate "Resolved."

Resolution:	Supervisor, XXXX reviewed case and was able to process the case and recipient was happy. Recipient stated worker was not really rude, he was upset that his case wasn't processed and he admitted over reacting. ISD 416 not needed.
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The form can be called up at a later date to edit and enter Resolution by searching for Complaint by the Case Number with the search box at the top of the form.

**Look Up Complaint by Case Number**

**Resolution Date:** Click on box to use Calendar to the right to choose the date if known.

Resolution Date: 8/9/2018

**Complainant Notified of Resolution:** Check box if known that Complainant was notified.

Complainant Notified of Resolution:

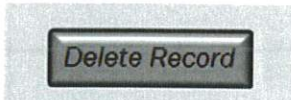
**Corrective Action to Staff member:** If handled at county level, please indicate what action was taken even if "None". If there was Office of Human Resources involvement, QIS will enter the information once received.

Corrective Action to Staff Member: None. Applicant withdrew his allegation; was satisfied with Supervisor's solution.

To **complete** the complaint form action, hit Add Record:



The **Delete Record** button should only be used if complaint form was filled out in error.



Please transfer any complaints you have tracked since July 1, 2018, SFY 19, from the old county tracking log by completing a new record for each complaint.

A quarterly summary of complaints will be sent to each Regional Operations Manager for their Regions.

If you have questions regarding this GI, the contact person is Carolyn Craven at (505) 827-7224 or email at [carolyn.craven@state.nm.us](mailto:carolyn.craven@state.nm.us).