CLIENT/APPLICANT GRIEVANCE PROCEDURE

Any client or applicant can file a grievance to complain about a denial of services or quality of services provided by the Legal Aid Society of Hawaii. Upon request, this procedure and a form on which to state and submit the grievance will be provided. If needed, a Legal Aid Society staff person will provide help to complete the form. All grievance forms should be mailed or delivered to:

Legal Aid Society of Hawaii
924 Bethel Street
Honolulu, HI 96813

Written grievances will be reviewed by the Executive Director or her designee. The client/applicant will receive a timely response and an opportunity to discuss the grievance with the Executive Director or her designee.

After discussion with the Executive Director or her designee, no further action will be taken if:

• The complaint concerned the denial of legal services;
• The applicant was financially ineligible for services;
• The requested assistance was prohibited by state or federal law;
• Provision of the requested assistance by Legal Aid would violate the Hawaii Rules of Professional Conduct;
• The requested assistance was not with in program priorities; or
• The client or applicant chose to take no further action.

Only if the complaint concerned the manner or quality of legal assistance provided and none of the items listed above apply, the following additional procedures are available. If the person filing a grievance is not satisfied with the Director’s decision s/he may request a review by the Grievance Committee of the Legal Aid Society of Hawai’i’s Board of Directors. The request must be made to the Executive Director within 30 days of the date of the response to the grievance.

The person filing the grievance may make a written or oral statement to the Committee. If the person filing the grievance wishes to make a written statement to the Committee it should accompany the request for review. If an opportunity to present an oral statement to the Committee is requested, the Committee will set a time within 30 days of the request to receive an in-person or electronically recorded oral statement. Notice of the time and place to make the oral statement will be mailed at least 10 days in advance. A recorded statement must not exceed 30 minutes in length. The person filing the grievance may be assisted by someone of their choice, and may submit more documents to support the grievance.

The Grievance Committee will review all information provided and may request additional information from staff. The Grievance Committee may schedule additional meetings with the person filing the grievance.

The Grievance Committee will approve the decision of the Executive Director unless it finds the decision to be clearly wrong. If this occurs, the Grievance Committee will recommend appropriate action to the Director. The Grievance Committee will usually make its decision within 60 days after it receives the grievance. A copy of the decision will be mailed to the person filing the grievance. This procedure is not a substitute for legal action a person may have to protect their legal rights, or to file a legal claim on the matter which formed the basis of their request for help from the Legal Aid Society of Hawaii.
LEGAL AID SOCIETY OF HAWAII
924 BETHEL STREET
HONOLULU, HI 96813
(808) 536-4302

CLIENT/APPLICANT GRIEVANCE FORM

1. NAME: ____________________________________________________________

2. ADDRESS: ________________________________________________________ ZIP: __________________

3. PHONE: ______________________________________________________________

4. Does your complaint concern:
   ___ Denial of Legal Assistance; OR
   ___ Complaint about the manner or quality of assistance?

5. Describe the nature of your complaint with the Legal Aid Society of Hawaii:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

6. Who at Legal Aid have you talked with about this complaint? Please include names and dates.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

_________________________ ____________________________
SIGNATURE DATE

PLEASE SUBMIT ALONG WITH THIS COMPLAINT FORM ANY RELEVANT MATERIALS REGARDING YOUR COMPLAINT. You will contacted to discuss this complaint.

NOTICE: Information relating to a grievance may not be treated as confidential. Records relating to a complaint may be reviewed by the Board of Directors of the Legal Aid Society of Hawaii.