

Developmental Disabilities Services Complaint Form

Use this form when you want to file a complaint. You can file a complaint when you are not getting the service you think you should get, or when a decision is made about a service you are getting which you think is not right for you.

To file a complaint and start the grievance process, answer the questions below. You can ask someone to help you complete the form, Give the form to your Service Provider, Service Coordinator, Personal Agent or your local Developmental Disabilities Program office or Brokerage.

Name of person receiving services: _____

Address: _____

Telephone number: _____ Date: _____

What is the problem?

What do you want to happen?

Complainant signature

Person completing form signature

****You may attach additional sheets of paper if necessary****

Grievance decision or outcome:

Staff signature

Date

Accepts decision Does ***not*** accept decision Requests Administrative Review

Date presented to Complainant

Presented by

A description of the grievance and Administrative Review process is on the back of this form.

Grievance and Administrative Review Process

You may want to ask someone to help you complete the Complaint form. Some examples of who may help you are: a family member, a friend, your Service Coordinator or Personal Agent, your provider.

Return the form to either the Community Developmental Disability office in your County or your Brokerage, if you are in Support Services. You may also give it to your Service Coordinator or Personal Agent to turn in for you. CDDP/Brokerage address:

POLK COUNTY MENTAL HEALTH
ATTN: MIKE SEDLOCK
182 SW ACADEMY ST
DALLAS, OR 97338

You should receive a written response to your complaint within 30 days from the date the Community Developmental Disabilities Program or the Support Service Brokerage received your complaint. The response will be on this Complaint form, with pages attached as needed. If you are not satisfied with the outcome of your complaint, you may request a review of the decision by the Department. This is called an Administrative Review.

You *must* make the request for an Administrative Review within 15 days of the date of the decision by the Community Developmental Disabilities Program or Support Service Brokerage.

You make that request by checking the box at the bottom of the form. You may either request the Community Development Disabilities Office staff or the Support Service Brokerage staff to send the form to Seniors and People with Disabilities or you may sent it to:

Department of Human Services
Seniors and People with Disabilities
Attention: DD Executive Support Specialist
500 Summer Street NE, E09
Salem OR 97301-1076

An administrative Review Committee will look at the information regarding your complaint and make a recommendation to the Administrator, or someone he appoints, about the outcome to your complaint. That response will either agree with the original outcome, will not agree with the outcome, or will suggest some revisions to the outcome.

You will receive a letter from the Administrator, or someone he appoints, within 55 days of the date your complaint was received by Seniors and People with Disabilities, unless you have agreed to an extension.