**Developmental Disabilities Services Complaint Form**

Use this form to file a complaint when you are not getting the services you think you should get or when a decision is made about a service you are getting and you do not think it is the right decision for you.

Please answer the questions below. 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.

Name of person receiving services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Services Coordinator or Personal Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (DOB) or Medicaid number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the problem? How can we help you resolve this problem?

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Complainant name (if different) Contact information

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

You will receive a letter acknowledging your complaint within 5 days of your complaint being received. Your complaint will be investigated and you may be asked to provide additional information or details. Following the investigation, you should receive a written response to your complaint within 45 days from the date the Community Developmental Disabilities Program or the Support Service Brokerage received your complaint. The response may be on this Complaint form, with pages attached as needed or on a separate letter.

Complaint resolution or outcome: *(To be completed by CDDP, brokerage, service provider or DHS)*

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Signature of Supervisor Date mailed

If you are not satisfied with the outcome of your complaint, you may request a review of the decision by the Office of Developmental Disability Services (ODDS)

You must make the request for an ODDS review within 30 days of the identified on the resolution letter b the Community Developmental Program or Support Service Brokerage.

You make that request by checking this box:

I am not satisfied with the resolution of my complaint and would like ODDS to review.

You may either request the Community Development Disabilities Office or the Support Services Brokerage staff to send the form to the Office of Developmental Disabilities (ODDS) or you may send it to.

Department of Human Services

Office if Developmental Disability Services

Attention: OODS Complaint Coordinator

500 Summer Street NE, E09

Salem, OR 97301-1076

Fax: 503-73-7274

ODDS will review your request for a review, the response that was provided to you and any additional information provided by you or the CDDP or Brokerage. 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 response letter from ODDS within 45 days of your request for a review being received from OODS.