

Developmental Disabilities Services Complaint Form

Use this form to 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 and you do not think it is the right decision for you.

Answer the questions below. You can ask someone to help you complete the form. Suggestions for who can help you and more information are on the back.

Name of person receiving services: _____

Address: _____

Telephone Number: _____ Date: _____

What is the problem? What do you want to happen?

Complainant Name (if different)

Contact Information

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

Complaint decision or outcome: (To be completed by CDDP, Brokerage or DHS)

Signature of authorized staff/position

Date mailed

<input type="checkbox"/> I am not satisfied with the decision about my complaint. <input type="checkbox"/> I request an Administrative Review.

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

Complaint 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:

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 send 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 the Administrator 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 the Administrator appoints, within 55 days of the date your complaint was received by Seniors and People with Disabilities, unless you have agreed to an extension.