

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.

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 Service 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?

Complainant name *(if different)*

Contact information

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)*

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 date identified on the resolution letter by the Community Developmental Disabilities 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 staff or the Support Service Brokerage staff to send the form to the Office of Developmental Disabilities (ODDS) or you may send it to:

Department of Human Services
Office of Developmental Disability Services
Attention: ODDS Complaint Coordinator
500 Summer Street NE, E09
Salem OR 97301-1076
Fax: 503-373-7274

ODDS will review your request for 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 by ODDS.