



## Client Grievances and Complaints

If you have a concern or complaint, DCHS will make reasonable efforts to understand your situation and come to a conclusion or solution that is agreeable to all parties involved.



Grievances may be filed verbally (in person or by telephone), in writing, or via email.

If you would like assistance filling out a grievance form, please ask front desk staff or your service provider.



### What happens after I file a grievance or complaint?

Within 2 business days of the receipt of your complaint/grievance your clinician, their supervisor, or a Quality Improvement Specialist will contact you regarding your complaint/grievance. One of these individuals will work with you to resolve your concerns.



### What happens after my grievance or complaint is resolved?

If your grievance/complaint was resolved by your clinician and their supervisor, they will document the resolution and your grievance will be considered resolved. If a Quality Improvement Specialist was assigned to review your grievance/complaint, they will draft a letter to you restating your grievance or complaint and the resolution offered by DCHS within 5 business days of the receipt of the grievance.



### What do I do if I am not happy with the resolution?

You have the right to appeal a grievance decision. Grievance appeals must be made within 10 business days of notification of the grievance decision.

If you are an Oregon Health Plan member (OHP), you also have the option to file a complaint with your plan's Grievance and Appeals Department

PacificSource Contact:

2965 NE Connors Avenue  
Bend OR 97701

Call: (541) 385-5315  
Fax: (541) 322-6424

You also have the option to file a complaint with:

Disability Rights Oregon  
Call: (503) 243-2081 or 1-800-452-1694

State of Oregon Ombudsman  
Call: (503) 945-6904 or 1-800-442-5238

DCHS Quality Improvement Specialist:  
Channing Casey, RN (541) 330-4600