



## GRIEVANCE

**Note:** Filing a grievance shall not adversely affect your services with Oregon Community Programs. The member will be contacted within (5) five business days and will receive a written response within or before (30) thirty days. If you need help completing this form, you may ask an OCP staff to assist you. Please complete this form and return to OCP reception or send to [QualityImprovement@oregoncp.org](mailto:QualityImprovement@oregoncp.org)

Individual Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Complaint against: \_\_\_\_\_

**1. Describe the reason(s) for requesting a grievance. Please be specific by including names, dates, and times whenever possible.** Please attach additional pages, if necessary.

Date(s) of incident: \_\_\_\_\_

**2. Have you tried to resolve the problem(s) before requesting the grievance?**

☐ **NO** - I have not made any prior attempts to resolve the grievance.

☐ **YES** - Please describe what you have done to try to resolve the problem and include the results.

**3. What would you like to see happen to resolve this grievance?**

\_\_\_\_\_  
Signature of person making the grievance

\_\_\_\_\_  
Today's Date

☐ **URGENT**

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance.

**You may also  
report your  
grievance  
directly to:**

**Oregon Health Authority Behavioral Health Division: 1-800-273-0557  
Disability Rights Oregon: 1-800-452-1694  
Governors Advocacy Office: 1-800-442-5238  
Trillium Behavioral Health Plan: 1-877-600-5472 (TTY 711)  
Pacific Source Community Solutions: 800-413-4135 ( TTY: 711)**

..... OCP Staff Only .....

People involved in resolution \_\_\_\_\_ Date of resolution: \_\_\_\_\_