



Oregon Department
of Human Services

Filing Customer Service or Privacy Complaints or a Report of Discrimination

The Oregon Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs*, disability or sexual orientation.

You may file a complaint if you believe ODHS treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Email: GAO.info@odhs.oregon.gov

* SNAP clients are protected against political belief discrimination.

Do not use this form if either of the following applies to you:

1. Your complaint is with the Office of Vocational Rehabilitation Services (OVRs).

If you disagree with an action or decision, contact your local OVRs office or call the OVRs dispute resolution coordinator at 503-945-6253.

Free legal services are available from the Client Assistance Program (CAP), a service of Disability Rights Oregon. CAP is not a state agency or part of OVRs.

Contact CAP at:

Voice: 503-243-2081

Toll-free voice: 1-800-452-1694

TTY at 503-323-9161 and toll-free TTY at 1-800-556-5351

2. Your complaint is with Child Welfare Services and you disagree with a decision that was made. Please contact your ODHS caseworker or local Child Welfare Office and ask what can be done about the decision.

Do not use this form for such things as:

- Adoption committee decision
- Court rulings or matters to be reviewed by the juvenile court
- Child protective services actions or decisions
- You have asked for a contested case hearing or started some other court action
- Any other exception found in Oregon Administrative Rules 413-010-043.

ODHS customer service and confidentiality expectations

Good customer service is important to ODHS. You have the right to:

- Be treated fairly and respectfully
- Receive correct and complete information
- Have ODHS programs and benefits that you qualify for explained
- Have your calls returned within one or two working days
- Have your benefits or changes processed in a reasonable amount of time, and
- Have your health and personal information kept confidential.

Resolving customer service and privacy complaints

ODHS wants to provide quality customer service and to keep your personal information confidential. However, if you are not satisfied or have a complaint, ODHS recommends that you first talk to your worker/counselor or talk to a manager. However, you do not need to do this before you file a complaint. You can file a complaint by completing this form within 60 days after the incident happened. This form may be returned to any ODHS office or forwarded directly to the Governor's Advocacy Office (GAO) (the contact information is listed on page one).

What happens after you file a customer service complaint

- An ODHS manager will contact you as soon as possible, but no later than five business days after receiving the complaint. (This could take more than five days if you do not have a telephone.)
- The manager may set up a meeting with you to try to resolve the complaint. The meeting could be in person or by telephone.
- Complaints that are not resolved at this meeting will be reviewed by other ODHS managers and you may be contacted again.
- If your complaint is about an employee, the employee will be notified about the complaint. The employee has the right to respond to the complaint and may be present at any meeting or phone conference that is held. The employee will be given the chance to respond in writing to your complaint. Any personnel action as a result of a complaint against an employee will remain confidential.
- Employees may not take action against a client for filing a complaint.
- All complaints will be forwarded to and reviewed by the GAO.

Discrimination complaints filed with ODHS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs*, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 833-620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to Food and Nutrition Services, USDA.

This institution is an equal opportunity provider.

* SNAP clients are protected against political belief discrimination.

What happens after you file a discrimination complaint

You may file a written complaint by completing this form within 60 days of the incident. An ODHS civil rights investigator will contact you within 20 working days to learn more about your complaint. Within 20 working days of talking with the investigator, ODHS will send you a written decision. Appeal rights are outlined in the written decision.

Federal discrimination or privacy complaints

Privacy violations or discrimination complaints alleging that ODHS has not provided you with equal service because of your age, race, color or national origin, gender, religion or disability can also be filed with the U.S. Office for Civil Rights. Federal discrimination complaints must be submitted within 180 days of the incident. Even if you file a complaint first with ODHS, you still must file a federal complaint within 180 days of the incident.

Contact the specific program listed below to receive more information.

Federal limitations

Sexual orientation discrimination is protected by the State of Oregon but not by federal laws. Only Supplemental Nutrition Assistance Program (SNAP) benefit clients are protected against discrimination based on their political beliefs.

For issues involving SNAP benefits

Mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

Fax: 833-256-1665 or 202-690-7442; or

Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For issues involving Vocational Rehabilitation

U.S. Department of Education
Voice: 1-800-421-3481
TTY: 1-800-877-8339

For issues involving all other programs

U.S. Department of Health & Human Services
Voice: 1-800-368-1019
TTY: 1-800-537-7697

About requesting an administrative hearing

If your benefits were denied, reduced, or ended, you have the right to request a contested case hearing. You may request a hearing and file a complaint. To request a hearing, complete the Administrative Hearing Request form (DHS 0443). You may get an Administrative Hearing Request form at any ODHS office, request the form from the Governor's Advocacy Office (GAO) at 1-800-442-5238, or download the form at <https://sharedsystems.dhsoha.state.or.us/forms/>. You may also call the Public Benefits Hotline at 1-800-520-5292, operated by the Oregon Law Center and Legal Aid Services of Oregon.

Your hearing request form can be returned to any ODHS office.

A hearing request is not the same as filing a complaint. There are strict deadlines for filing a hearing request. When you file a hearing request you are asking for a Contested Case Hearing before an Administrative Law Judge.

Note: Requests for a hearing about SNAP benefits can be made verbally.



Customer Service/Privacy Complaint or Report of Discrimination

For help completing this form, you may contact any ODHS office. Please print clearly.

Name of person with the complaint: _____

Phone/TTY number: _____ Email: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Last 4 digits of Social Security number: _____

Are you filing on behalf of someone else? Yes No

Your name: _____ Phone: _____

Please mark the reason for your complaint (check all that apply):

You did not receive good customer service

You believe your personal information was not kept confidential

You believe you were discriminated against because of:

- | | | | |
|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual orientation* | <input type="checkbox"/> Political beliefs† |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Race, color or national origin | |

* Sexual orientation is protected by the State of Oregon, but not federal laws.

† SNAP clients are protected against political belief discrimination.

Details of complaint

Who was involved? _____

When did the incident happen? Date/time: _____

Location of complaint: _____

Please describe your complaint (if you need more space, attach additional paper):

What would you like ODHS to do to resolve your complaint? What suggestions do you have?

Signature: _____ Date: _____

For ODHS use only

Date received: _____

Received by (print name): _____

For discrimination and privacy complaints, send to Governor's Advocacy Office, address on page 1.

For customer service complaints, forward to the appropriate manager.