

Vocational Rehabilitation Complaints Form

Complete this form if you would like to make a complaint about:

Customer Service — If you feel you received poor customer service from VR staff.

Private information protection — If you feel that your personal information has been provided to another person or organization without your permission.

Discrimination — If you feel equal services and benefits were not provided by VR due to age, race, color, national origin, disability, sex, gender identity, religion, sexual orientation, or another protected status.

You may file a complaint using this form **within 60 days** of the incident.

Do you need help?

If you have questions or need help completing the form, you can contact any of the following:

Your local VR office

[Find your office on our website](#)



VR Dispute Resolution Coordinator

Email: VR.Resolution@odhsoha.oregon.gov

Phone: 503-945-6253

Governor's Advocacy Office

Email: ohso.info@odhsoha.oregon.gov

Website: <https://www.oregon.gov/DHS/aboutdhs/pages/gao.aspx>

Phone: 800-442-5238

Client Assistance Program (CAP)

The Oregon Client Assistance Program gives free legal help to people who have problems with VR. It is a program of Disability Rights Oregon, which is separate from VR.

Phone: 503-243-2081

Toll-free: 800-452-1694

TTY: Dial 711

Email: welcome@droregon.org

Website: www.droregon.org/request-help

ODHS, Vocational Rehabilitation customer service and privacy expectations

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

- Be treated fairly and respectfully
 - Get correct and complete information
 - Have ODHS programs and benefits that you qualify for explained to you
 - Have your calls returned in one or two working days
 - Have your benefits or changes processed in a reasonable time
 - Have your health and personal information kept confidential
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How to submit this form

The completed form may be dropped off at any Vocational Rehabilitation office submitted by mail, email or fax.

Mail:

Oregon Vocational Rehabilitation Dispute Resolution Coordinator
500 Summer Street NE E-87
Salem, Oregon 97301-1120

Email: VR.Resolution@odhsoha.oregon.gov

Fax: 503-947-5025

Information about the complaint

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

- I did not receive good customer service.
- I believe my personal information was not kept confidential.
- I believe I was discriminated against.

If you believe you were discriminated against, mark all protected classes that apply:

- Age, 18 or older
- Race
- National origin
- Color
- Disability
- Gender identity
- Religion
- Limited English proficiency
- Sex
- Sexual orientation
- Marital status

Who are you making a complaint for?

Are you filing this complaint for yourself?

- Myself
- No, I am filing for someone else

Please provide the first and last name of person making the complaint:

Contact information

What is your case identification (ID) number or birth date:

Telephone or TTY or a phone number we can reach you (or type “no phone”):

Email address (or type “no email”):

Mailing address or provide an address we can send mail to you (or type “no address”):

City:

State:

Zip code (or type “no zip code”):

Best way to contact you?

My representative's contact information (optional)

This section only needs to be completed if someone is helping you with this process.

Representative first and last name:

Best way to contact the representative about this complaint?

Details about the complaint

Who was involved?

When did the incident happen? Add date and time

Location of the complaint. Where did the incident occur? (Town, building address, etc.)

At which Vocational Rehabilitation branch or office did your complaint occur?

Please tell us about your complaint.

How would you like VR to resolve, or fix, this problem? What suggestions do you have?

Modifications request (optional)

Do you need reasonable modifications? Check any that you need

- Reader
- Language interpreter What language?
- American Sign Language interpreter
- Other

Today's date:

What happens after you submit this form?

First the form is reviewed by the Dispute Resolution Coordinator.

The Dispute Resolution Coordinator will:

- Contact the individual in the way they prefer to let them know the complaint has been received.
- Let the individual know when the complaint is reviewed and remind them that they may be contacted to discuss resolution.
- Be available for updates about the complaint and its progress.

Federal contact for discrimination or privacy issues

You may also file complaints about privacy violations or discrimination (alleging Vocational Rehabilitation has not provided you with equal service because of your age, race, color or national origin, gender, religion or disability) with the U.S. Department of Education.

A complaint with Oregon Vocational Rehabilitation does not create a federal complaint with the U.S. Department of Education.

Complaints to the U.S. Department of Education must be submitted within 180 days of the incident.

U.S. Department of Education, Office of Civil Rights – Headquarters

400 Maryland Avenue, SW, Washington, DC 20202-1100

Customer Service Hotline #: (800) 421-3481

Facsimile: (202) 245-8392

TTY#: (800) 877-8339

Email: OCR@ed.gov

Web: <http://www.ed.gov/ocr>

Signature

When you sign this form, you agree to let Oregon VR give information about you to the person who leads the investigation about this complaint.

Applicant or
participant:

Guardian (if any):

Representative:

Other (describe their
relationship with you)

For Oregon VR use only

**Date
received:**

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Vocational Rehabilitation at vr.info@odhsoha.oregon.gov or 503-945-5880 (voice/text). We accept all relay calls.