Oregon Developmental Disabilities Services Complaint Form

Oregon Department of Human Services
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

Use this form to file a complaint when you are not satisfied with the services you are receiving, do not agree with a decision that was made or are dissatisfied with the home setting.

Please fully answer the questions below. You may ask someone to help you complete the Complaint form. Then submit the form to your Brokerage, Children's Intensive In-Home Services (CIIS), or Community Developmental Disability Program (CDDP) Services Coordinator (SC) or Personal Agent (PA).

Name of person receiving services: _____

Date of birth (DOB): _____

Email Address: _____

Address: _____

Preferred Contact Method: _____

Telephone Number: _____ Date: _____

Name of Service Coordinator, Personal Agent and Case Management Entity:

_____

Name or person filing the complaint: _____

Contact information: Phone Number: _____

Email: _____

You may attach additional sheets of paper if necessary

100-668762_SDS 0946 (08/2024)

What is the concern? How can we help you resolve this problem?

You will receive acknowledgment that your complaint was received within 5 business days. Your complaint will be reviewed and you will get the opportunity to share additional information, details, and documents through a phone meeting. Within 45 days, you will receive a written response following the programs review of your complaint. You should receive a written response to your complaint within 45 days from the date the complaint was received.

If you are not satisfied with the outcome of your complaint, you may request a review of the decision by the Office of Developmental Disabilities Services (ODDS). The request must be made within 30 days of the date identified on the Case Management Entity's resolution letter.

You make that request by checking this box:

☐ I am not satisfied with the resolution given by the case management entity and would like ODDS to review.

For Agency Use Only

Signature of Supervisor

Date sent to ODDS

You may send the request for a review or request the Community Development Disabilities Program staff, Children's Intensive In-Home Services or the Support Service Brokerage staff to send the form to the Office of Developmental Disabilities Services (ODDS):

Oregon Department of Human Services
Office of Developmental Disabilities Services
Attention: ODDS Customer Services Coordinator
500 Summer Street NE, E09
Salem OR 97301-1076
Fax: 503-373-7274
Odds.complaints@odhsoha.oregon.gov

ODDS will review your request, including the responses and any additional information provided by the CDDP, CIIS or Brokerage. There will be one of three outcomes: ODDS will agree with the original decision, ODDS will not agree with the decision, or ODDS can suggest revisions to the original decision.

You will receive an acknowledgment within 5 business days and a response letter from ODDS within 45 days of your request for a review being received by ODDS.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODDS Complaints Department ODDS at Complaints@odhsoha.oregon.gov or (971)701-5299 (voice/text). We accept all relay calls.