Procedures

Individuals who believe the Department of Human Services (DHS) has either treated them unfairly or has failed to protect case history or medical information may file a complaint.

Individuals including clients, client applicants and members of the public who believe they have been discriminated against may file a report of discrimination.

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<tr>
<th>Step</th>
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</table>
| 1.   | Complainant       | Document complaint by providing a written description of the alleged offense. A [DHS 0170, Client Complaint and Report of Discrimination](#) form is available but not required. Complainant may request assistance from DHS staff to complete the paperwork and may file orally if their disability impairs their ability to file a written complaint. The Complaint Form is available in all DHS Lobbies, may be included in DHS service application packets, and is available on the [DHS Web site](#). The Complaint should contain as much information as possible concerning the alleged offense. A desired remedy should be part of the complaint. The complainant or his/her authorized representative should complete the Complaint. The complaint can be filed with any DHS office.

The Complaint must include:

- Name and address of the person filing the Complaint.
- Name and address where the alleged offense took place.
- A description, including the date, of the alleged offense.

The complaint should include:

- A desired remedy

The complaint should be submitted as soon as possible but no later than (60) days after the alleged offense. Strict confidentiality of all information will be maintained to the
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<th></th>
<th>Line Supervisor or Manager Review</th>
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<tr>
<td>2.</td>
<td>Line Supervisor receives and reviews Complaint Form and completes Step 1 of <a href="#">DHS 0170A, Review of Client Complaint</a>.</td>
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When a DHS employee is the subject of the complaint, the Line Supervisor will provide a copy of the complaint to the employee, notify the employee of their right to respond in writing to the complaint within (5) days.

When the Line Supervisor or Manager determines that the complaint involves a privacy violation, the Information Security Officer shall be notified by fax at: (503-945-5396).

The Information Security Officer shall be provided with a copy of the complaint that should include a brief description of the incident, parties and information systems involved. The date, time and location of the incident should also be included.

When applicable, Line Supervisor obtains case notes and documentation when it relates specifically to the complaint. Contacts complainant by telephone within (5) working days to schedule an in-person or telephone meeting. When telephone contact is not available, a letter will be mailed to schedule an in-person or telephone meeting as requested by the complainant.

The meeting is to be scheduled as soon as possible. The names of individuals participating in the meeting and outcome(s) are to be recorded on the DHS 0170A, Review of Client Complaint form.

May prepare a written response to the Complainant (Letter of Determination) and when applicable, other involved individuals.

The responses to the complaint shall include the following:
1. Analysis of the facts and allegations made.
2. Affirmation or denial of the allegations.
3. Identification of the remedies or adjustments, if any, to be made.

Takes corrective action(s) to eliminate the cause origin of the complaint and when appropriate, may notify the Complainant through the Letter of Determination.

Action taken on resolved complaints
Completes Step 1 of the Review of Client Complaint Form
and prepares optional Letter of Determination. Mails Letter of Determination to the Complainant within (5) working days from the conclusion of the client meeting.

Also within (5) working days, forwards a copy of the Complaint and Review Form, and the Letter of Determination to:
- The **Governor’s Advocacy Office**

Resolved Complaints may be forwarded to the Program Manager and Service Delivery Area or Regional Program Manager for review purposes based on program practices.

**Action taken on Unresolved Complaints**

Forwards the Complaint and accompanying paperwork within (5) working days from the client meeting to the Program Manager for follow-up action.

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<th>3. Program Manager</th>
<th><strong>Resolved Complaints from Line Supervisor</strong></th>
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<tr>
<td></td>
<td>Reviews Complaint Form and accompanying documentation. Reviews written response to the Complainant on the findings. Works with Line Supervisor when appropriate to ensure that corrective action(s) have been taken to eliminate the origin of the complaint.</td>
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</table>

**Unresolved Complaints from Line Supervisor**

Within (5) working days of receiving the Complaint and accompanying paperwork, will review Complaint Form and accompanying documentation. May schedule a second in-person or telephone meeting to resolve the complaint, if necessary. This meeting should be scheduled as soon as possible.

Within (5) working days of the meeting with complainant, or reviewing the complaint materials the Program Manager using the Review of Client Complaint Form DHS 0170A, Step 2 records the results of their findings and may prepare a Letter of Determination for the Complainant.

**Action taken on Resolved complaints:**

Completes Step 2 of the Review of Client Complaint Form and prepares optional Letter of Determination. Mails Letter of Determination to the Complainant within (5) working days from the conclusion of the client meeting.

The responses to the complaint shall include the following:

1. Analysis of the facts and allegations made.
2. Affirmation or denial of the allegations.
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<th>3. Identification of the remedies or adjustments, if any, to be made.</th>
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<tr>
<td>Forwards within (5) working days, a copy of the Complaint, Review Form, and the Letter of Determination to:</td>
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<td>• The Governor’s Advocacy Office</td>
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<tr>
<td>Resolved complaints with accompanying paperwork may be forwarded to the Service Delivery Area or Regional Program Manager for review purposes based on program business practices.</td>
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**Action taken on Unresolved Complaints:**

Forwards the Complaint, paperwork and copy of the optional Letter of Determination within (5) working days of meeting or reviewing the complaint material to: The Governor’s Advocacy Office.

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<tr>
<th>4. Service Delivery Area or Regional Program Manager</th>
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<tbody>
<tr>
<td><strong>Resolved Complaints from Program Manager</strong></td>
</tr>
<tr>
<td>Receives Complaint Form and accompanying paperwork. Reviews written response to the Complaint on the findings.</td>
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</table>

**Unresolved Complaints from Program Manager**

Within (5) working days of receiving the Complaint and accompanying paperwork, will review Complaint Form and accompanying documentation and if necessary, will contact the complainant for additional information. May schedule a third in-person or telephone meeting to resolve the complaint. This in-person or telephone meeting should be scheduled as soon as possible. Within (5) working days of the meeting with complainant, or reviewing the complaint materials the Service Delivery Area or Regional Program Manager using the Review of Client Complaint Form DHS 0170A records the results of their findings and may prepare a Letter of Determination for the complainant.

**Action taken on resolved complaints:**

May Prepare a written response to the Complainant (Letter of Determination) and when applicable, other involved individuals. The responses to the complaint shall include the following:

1. Analysis of the facts or allegations made.
2. Affirmation or denial of the allegations.
3. Identification of the remedies or adjustments, if any, to be made.

**Action taken on both resolved and unresolved complaints**

Forwards the Complaint, paperwork and copy of the optional Letter of Determination within (5) working days of meeting or reviewing the complaint material to: The Governor’s
| 5. | Governor’s Advocacy Office (GAO) Administrator | Administrator or designee reviews completed Complaint Form, and accompanying documents. Enters all completed complaint information into the GAO’s database. Forwards complaint paperwork to the appropriate program when appropriate, for quality assurance follow-up with the complainant to ensure that the complaint has been resolved. Administrator or designee and appropriate program will contact complainant and may provide resources that may assist complainant. Ensures that complainant has a complete understanding of Department policy if complaint is concerning policy. |

| 6. | Quality Assurance Program Follow-Up | - Disability/ADA/Alternate Format Follow-up: ADA Coordinator  
- OMAP/Medicaid/OHP Follow-up: Client Advisory Services Unit (CASU)  
- Privacy Violation Follow-up: DHS Information Security Officer  
- General Complaint Follow-up: GAO Ombudsman  

Each of the programs assigned to provide quality assurance follow up will contact the complainant by telephone within (2) business days if available, to determine if their complaint issues have been resolved.  
  
The database record will be closed when the complainant states that the complaint has been resolved.  

The database record will remain open and the complaint will remain under investigation if the complainant states that the complaint has not been resolved. The program performing the follow-up will review the steps taken in procedures and will contact the complainant to resolve the complaint.  

Reviewer indicates actions taken and findings of the follow-up. Reviewer updates the Complaint Form and enters date closed. Complaint is forwarded to the Governor’s Advocacy Office for data entry and closure. |
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<tr>
<td>1.</td>
<td>Complainant</td>
<td>Documents discrimination by providing a written description of the alleged offense. <a href="#">ADHS 0170, Client Complaint and Report of Discrimination</a> form is available but not required. The report may be taken over the telephone. The Complaint and Report of Discrimination form is available in all DHS Lobbies, may be included in DHS service application packets, and is available on the <a href="#">DHS Web site</a>. The Complaint should contain as much information as possible concerning the alleged discrimination. The Complainant or his/her authorized representative must complete the complaint. The completed complaint can be filed with any DHS office. The complaint must include: 1. Name and address of the person filing the complaint. 2. Name and address where the alleged offense took place. 3. A description, including the date, of the alleged offense. The complaint should include: • A desired remedy. Complainant may request assistance from DHS staff to complete the paperwork and may file orally if their disability impairs the ability to file a written complaint. The complaint should be submitted as soon as possible but no later than (60) calendar days after the alleged offense. Strict confidentiality of all information will be maintained to the extent permitted by law.</td>
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<td>2.</td>
<td>Americans With Disabilities Act Coordinator or Civil Rights Investigator</td>
<td>Upon receiving a Discrimination Complaint from Food Stamp Clients, copies of the complaint will be forwarded to the Food Stamp Policy Analyst. Within (20) business days of receiving the complaint, shall conduct a prompt and thorough investigation. ADA Coordinator or Civil Rights Investigator will meet or will teleconference with complainant when appropriate to discuss complaint and possible resolutions. Within (15) business days of the meeting, will respond in writing and, when appropriate, in an alternate format accessible to the complainant. Prepares written response on the findings of the discrimination complaint. The response to the discrimination shall include the following. 1. Analysis of the facts and allegation of the discriminatory actions. 2. Affirmation or denial of the allegations.</td>
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3. Identification of the remedies or adjustments, if any, to be made by a certain date.

Complainant provided with notice of the right to appeal the decision of the ADA Coordinator or Civil Rights Investigator. Appeal may be made to the Department’s Civil Rights Review Board. Complainant notified of the right to file a formal complaint with the appropriate federal regulatory agency.

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<tr>
<th>3.</th>
<th>Complainant</th>
<th>Notification of Investigation</th>
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<td></td>
<td>The complainant receives written notice on the investigation findings from the ADA Coordinator or Civil Rights Investigator. The complainant may appeal the decision of the ADA Coordinator or Civil Rights Investigator within (20) business days after receiving notice of the response to the Civil Rights Review Board.</td>
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4. The Civil Rights Board

Within (15) business days of receiving Complainant's appeal, will review the findings of the ADA Coordinator or Civil Rights Investigator. The Board may contact complainant for clarification or to obtain additional information. The Board may affirm the original findings, affirm with modification or overturn the findings. Prepares written response on the findings of the appeal discrimination complaint. The response to the discrimination shall include the following.

| 4. | The Civil Rights Board | Within (15) business days of receiving Complainant's appeal, will review the findings of the ADA Coordinator or Civil Rights Investigator. The Board may contact complainant for clarification or to obtain additional information. The Board may affirm the original findings, affirm with modification or overturn the findings. Prepares written response on the findings of the appeal discrimination complaint. The response to the discrimination shall include the following. |

5. ADA Coordinator or Civil Rights Investigator

Retains all discrimination complaints and correspondence for a period of three (3) years. Will maintain statistical information.

| 5. | ADA Coordinator or Civil Rights Investigator | Retains all discrimination complaints and correspondence for a period of three (3) years. Will maintain statistical information. |

**Policy that applies:**
DHS-010-005, Non-Discrimination on the Basis of Disability for Programs, Services and Activities

**Form(s) that apply:**
DHS 0170, Client Complaint or Report of Discrimination: (PDF: English, Spanish, Russian)
DHS 0170A, Review of Client Complaint: Word or PDF

**Contact(s):**
Name: Lori R. Nelson; Phone: (503) 945-5941; Email: lori.r.nelson@state.or.us

**Procedure History:**
- Version 1.0:
  - 02/01/2006 (Initial Release)
Keywords:
(List keywords here that might be used by someone to search for this policy on the internet)