WASHINGTON COUNTY
OREGON

BEHAVIORAL HEALTH COMPLAINT AND GRIEVANCE FORM

Please do your best to complete all of this form and to sign and date it. You will receive a written response within five business days from the date we receive this form. If you do not agree with the response, you have the right to file an appeal.

You can hand in this form or mail it to:

Washington County Behavioral Health
Quality Improvement Team
5250 NE Elam Young Pkwy, Suite 700, MS 70
Hillsboro, OR 97124

You can also fax this completed form to **503-846-3195.**

If you have questions or need this form in a different format (Braille, large print, audio recording) please call the Quality Improvement Hotline at **503-846-4515.**

Your Name	Your Phone Number	Today's Date
If you are making this complaint or grievance on behalf of someone else, what is their name, address, and phone number?		
Are you their legal guardian? Yes ☐ No ☐		
What is the date of birth for the person involved in the complaint/grievance?	What is the OHP number for the person involved in the complaint/grievance?	

Please tell us what happened. When did it happen? Who was involved? Please attach any documents such as notices, letters, etc., which might help us look into your complaint/grievance.
What should be done about it?
Attach Additional pages, if needed.

You have the right to ask for a faster complaint or grievance process. This is if you feel that your life or health is in immediate and serious danger because of what's happening with your complaint or grievance. Is this something you'd like us to consider? Yes ☐ No ☐ **(**please check one of these boxes)

We will review your request for a faster process. We will decide within 48 hours if you need a faster complaint or grievance process.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

You may also file a complaint <u>at any time</u> with the Oregon Health Authority Health Systems Division at: 500 Summer Street NE E49, Salem, OR 97301-1118. This includes your right to file a complaint regarding non-compliance with

Advanced Directives or Declaration of Mental Health Treatment. Their complaint form is found at https://apps.state.or.us/Forms/Served/le8001_en.pdf

NOTICE OF APPEAL RIGHTS

If you are not satisfied with the decision about your complaint or grievance, you have the right to file an appeal.

To submit an appeal:

- File in writing.
- Send your appeal within ten (10) working days of the date of response to your complaint/grievance.
- Send your appeal to:
    - Oregon Health Authority (OHA) – Health Systems Division
      500 Summer St. NE Salem Or 97301-1079
      Phone: 1-800-273-0557

If you need assistance to file an appeal, you can call the Washington County Behavioral Health Quality Improvement Hotline at 503-846-4515.

The Health System Division will send you a written response within ten (10) working days after they've received your appeal.

If you are not satisfied with the appeal decision, you may file a second appeal. The appeal must be in writing. You can send it to the Health System Division. Send the second appeal within ten (10) working days of the date of the written response from the Division Director.

Oregon Administrative Rule 309-019-0215

Washington County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.