

**COLUMBIA COMMUNITY MENTAL HEALTH
POLICY AND PROCEDURE – ASSOCIATED FORM
FORMAL COMPLAINT FORM**

Columbia Community Mental Health (CCMH) welcomes your feedback. This form is designed to provide clients, family members, friends, and community partners, with a method for communicating and resolving complaints regarding client services in outpatient programs. If you would prefer to speak directly to someone about your complaint, please let us know and a supervisor or director will contact you. Please provide the following information to help us investigate and resolve your complaint. If you prefer, you may submit your complaint anonymously. However, this could make it more difficult for us to investigate and follow up on your complaint.

Name: _____
(Please Print)

Date: _____

Other individual(s) involved and/or affected by the complaint:

How may we contact you to follow up on this complaint? Investigations and responses will be completed within 30 days. If the complaint/grievance is likely to cause harm, the investigation and response will be completed within 48 hours.

Phone/Email/Other (please list): _____

Please do not contact me.

Please describe your complaint. What were the events leading up to the complaint? What is your preferred outcome or resolution? In other words, what are you hoping will happen? Please also let us know if you have already spoken to someone about your complaint, and the response, if applicable. You may attach additional pages to this form as needed:

OTHER RESOURCES

If you are not satisfied with the outcome of your complaint, or you wish to appeal a decision made by CCMH, you may contact:

- Addiction and Mental Health Division: 503-945-5772
- Disability Rights Oregon: 1-800-452-1694

For Complaints involving:

- Abuse or Neglect – contact the Oregon Department of Human Services at 1-855-503 SAFE (7233) or the CCMH Adult Abuse Investigator at 503-397-5211, ext. 195.
- Oregon Health Plan Members – contact the Division of Medical Assistance Programs Client Services at 1-800-273-0557.
- Concerns about the Department of Human Services - contact the Governor's Advocacy Office, DHS Ombudsmen, and Children's Ombudsmen at-1-800-442-5238.
- Civil Rights (504 Plans, Medical Issues, etc.) - contact the Office of Equity and Inclusion, Civil Rights Coordinator at 971-673-1240.

-----OFFICE USE ONLY-----

OAR 309-019-0215 Investigations and responses are due within 30 calendar days. In circumstances where the matter of the complaint or grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program director shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

Director's response (attach additional pages to this form as needed):
