

Filing Customer Service or Privacy Complaints or a Report of Discrimination

If you have a complaint regarding the services you received from the Department of Human Services (DHS), the protection of your private information or feel you have been discriminated against, this document will explain the process to file a report of discrimination, or a customer service or privacy complaint.

Mail, fax or email completed complaint to:

Department of Human Services
Governor's Advocacy Office
500 Summer Street N.E., E-17
Salem, OR 97310-1097
Fax: 503-378-6532
Email: GAO.CR@state.or.us

This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for individuals with limited English skills. To request this form in another format or language, contact the Governor's Advocacy Office at 503-945-5941.

Do not use this form if either of the following applies to you:

1. Your complaint is with the Office of Vocational Rehabilitation Services (OVRs).

If you disagree with an action or decision, contact your local OVRs office or call the OVRs dispute resolution coordinator at 503-945-6253.

Free legal services are available from the Client Assistance Program (CAP), a service of Disability Rights Oregon. CAP is not a state agency or part of OVRs.

Contact CAP at:

Voice: 503-243-2081

Toll-free voice: 1-800-452-1694

TTY at 503-323-9161 and toll-free TTY at 1-800-556-5351

2. Your complaint is with Child Welfare Services and you disagree with a decision that was made. Please contact your DHS caseworker or local Child Welfare Office and ask what can be done about the decision.

Do not use this form for such things as:

- Adoption committee decision;
- Court rulings or matters to be reviewed by the juvenile court;
- Child protective services actions or decisions;
- You have asked for a contested case hearing or started some other court action;
- Any other exception found in Oregon Administrative Rules 413-010-043.

DHS customer service and confidentiality expectations

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

- Be treated fairly and respectfully;
- Receive correct and complete information;
- Have DHS programs and benefits that you qualify for explained;
- Have your calls returned within one or two working days;
- Have your benefits or changes processed in a reasonable amount of time;
- Have your health and personal information kept confidential.

Resolving customer service and privacy complaints

DHS wants to provide quality customer service and to keep your personal information confidential. However, if you are not satisfied or have a complaint, DHS recommends that you first talk to your worker/counselor or talk to a manager. However, you do not need to do this before you file a complaint. You can file a complaint by completing this form within 60 days after the incident happened. This form may be returned to any DHS office or forwarded directly to the Governor's Advocacy Office (GAO), (*the contact information is listed on page one*).

What happens after you file a customer service complaint

- A DHS manager will contact you as soon as possible, but no later than five business days after receiving the complaint. (*This could take more than five days if you do not have a telephone.*)
- The manager may set up a meeting with you to try to resolve the complaint. The meeting could be in person or by telephone.
- Complaints that are not resolved at this meeting will be reviewed by other DHS managers and you may be contacted again.
- If your complaint is about an employee, the employee will be notified about the complaint. The employee has the right to respond to the complaint and may be present at any meeting or phone conference that is held. The employee will be given the chance to respond in writing to your complaint. Any personnel action as a result of a complaint against an employee will remain confidential.
- Employees may not take action against a client for filing a complaint.
- All complaints will be forwarded to and reviewed by the GAO.

Discrimination complaints filed with DHS

Civil rights laws and DHS rules and policies state that you have the right to file a discrimination complaint if you feel that DHS has kept you from receiving equal service and benefits because of your age, race, color, national origin and disability, and in some federally funded programs, age, gender, religion, sexual orientation and political beliefs.

What happens after you file a discrimination complaint

You may file a written complaint by completing this form **within 60 days** of the incident. A DHS civil rights investigator will contact you within 20 working days to learn more about your complaint. Within 20 working days of talking with the investigator, DHS will send you a written decision. Appeal rights are outlined in the written decision.

Federal discrimination or privacy complaints

Privacy violations or discrimination complaints alleging that DHS has not provided you with equal service because of your age, race, color or national origin, gender, religion or disability can also be filed with the U.S. Office for Civil Rights. Federal discrimination complaints must be submitted within 180 days of the incident. Even if you file a complaint first with DHS, you still must file a federal complaint within 180 days of the incident. Contact the specific program listed below to receive more information.

Federal limitations

Sexual orientation discrimination is protected by the State of Oregon but not by federal laws. Only Supplemental Nutrition Assistance Program (SNAP) benefit clients are protected against discrimination based on their political beliefs.

For issues involving SNAP benefits

U.S. Department of Agriculture

Voice: 1-866-632-9992

TTY: 1-202-720-2600

For issues involving Vocational Rehabilitation

U.S. Department of Education

Voice: 1-800-421-3481

TTY: 1-800-877-8339

For issues involving all other programs

U.S. Department of Health & Human Services

Voice: 1-800-368-1019

TTY: 1-800-537-7697

About requesting an administrative hearing

If your benefits were denied, reduced, or ended, you have the right to request a contested case hearing. You may request a hearing **and** file a complaint. To request a hearing, complete the Administrative Hearing Request form (DHS 0443). You may get an Administrative Hearing Request form at any DHS office, request the form from the Governor's Advocacy Office (GAO) at 1-800-442-5238, or download the form at <https://apps.state.or.us/cf1/FORMS>. You may also call the Public Benefits Hotline at 1-800-520-5292, operated by the Oregon Law Center and Legal Aid Services of Oregon. Your hearing request form can be returned to any DHS office.

A hearing request is not the same as filing a complaint. There are strict deadlines for filing a hearing request. When you file a hearing request you are asking for a Contested Case Hearing before an Administrative Law Judge.

Note: Requesting a hearing about SNAP benefits can be made verbally.

Customer Service/Privacy Complaint or Report of Discrimination

For help completing this form, you may contact any DHS office.

Please print clearly: Name of person with the complaint:		Phone/TTY number:	
		Email:	
Mailing address:			Date of birth:
City:	State:	ZIP:	Last 4 digits of Social Security number:
Are you filing on behalf of someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your name: _____		Phone: _____	
Please mark the reason for your complaint (<i>check all that apply</i>):			
<input type="checkbox"/> You did not receive good customer service;			
<input type="checkbox"/> You believe your personal information was not kept confidential;			
<input type="checkbox"/> You believe you were discriminated against because of:			
<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual orientation*	<input type="checkbox"/> Political beliefs**
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	<input type="checkbox"/> Race, color or national origin	
*Sexual orientation is protected by the State of Oregon, but not federal laws.			
**SNAP clients are protected against political belief discrimination.			
Details of complaint: Who was involved?		When did the incident happen? Date/time:	
Location of complaint:			
Please describe your complaint (<i>if you need more space, attach additional paper</i>):			
What would you like DHS to do to resolve your complaint? What suggestions do you have?			

Signature: _____ Date: _____

For DHS use only
Date received: _____ Received by (<i>print name</i>): _____
*For discrimination and privacy complaints , send to Governor's Advocacy Office, address on page 1.
*For customer service complaints , forward to the appropriate manager.

Distribution: Original - GAO; Copy - Client; Copy - Manager