



# COMPLAINT & GRIEVANCE PROCESS

Throughout Lincoln County Health and Human Services, diversity is highly valued and appreciated. All clinics and administrative staff follow a policy of non-discrimination due to race, ethnicity, religion, gender, age, sexual orientation, gender identity, marital status, national origin, mental or physical ability, and/or class.

## FILING A GRIEVANCE

As an individual or a patient of Lincoln County Health and Human Services, you have a right to file a grievance (complaint) about the health services you are receiving. The information below tells you how to write and submit the grievance.

- A. When a disagreement, conflict or another concern happens between a individual or patient and a Lincoln County HHS staff person, the following steps will help resolve the problem.
  1. If possible, speak directly with the staff person first. If this does not feel comfortable for any reason, ask any staff person or Program Manager for help.
  2. When a meeting does not solve the problem, ask for a grievance form. Any staff person or Program Manager can help you fill this form out, if needed.
  3. Hand the form in to any staff person or Program Manager, or mail to:  
HHS Executive Assistant  
36 SW Nye St.  
Newport, OR 97365
  4. You will be sent a letter within 5 business days, letting you know that the grievance has been received.
  5. You may be contacted by a Program Manager or Deputy Director, depending on the nature of the concern.
  6. If the grievance is not successfully resolved at this point, ask to have your grievance reviewed by the Director.
  7. **Appeal Process:** If a resolution is still not achieved, you may send your complaint to the Board of Commissioners by writing a letter to  
Lincoln County Board of Commissioners  
225 West Olive Street, Room 110  
Newport, OR 97365.



## COMPLAINT & GRIEVANCE PROCESS

8. **Expedited Response:** In cases where there is a serious risk of harm to self or others, a rapid or expedited response may be requested:
  - i. On the grievance form, be sure to write that the concern is about immediate danger or risk of harm.
  - ii. Tell the staff person when the form is handed in that there is a serious safety concern.
  - iii. A Deputy Director will be contacted and you will receive a response, typically by phone, no later than 48 hours after the grievance is received.
- B. For grievances about IHN-CCO, please contact IHN-CCO customer service: 541-768-4550; toll-free 1-800-832-4580; or TTY 1-800-735-2900; or write:

IHN-CCO Customer Service  
2300 NW Walnut Blvd.  
Corvallis, Oregon 97330.
- C. To report grievances to the state of Oregon (Oregon Health Authority), please send a letter or an email to:

Oregon Health Authority  
500 Summer Street NE, E-20,  
Salem, OR 97301  
[www.oregon.gov/](http://www.oregon.gov/)
- D. OHA.Disability Rights Oregon (DRO) may be contacted by calling: 503-243-2081 or 1-800-452-1694, or by going to their website: <https://droregon.org/need-help/get-help/>
- E. Grievances can also be sent to the  
U.S. Department of Health and Human Services  
Office of Civil Rights Region X  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831  
phone (800) 368-1019 (voice) or (800) 537-7697 (TDD).



# COMPLAINT & GRIEVANCE PROCESS

## FILING AN APPEAL

A. Appeals - Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

1. If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the

Health Systems Division: Behavioral Health Services  
500 Summer Street NE, E-86  
Salem OR 97301

2. If requested, program staff shall be available to assist the individual;
3. The Health Systems Division shall provide a written response within ten working days of the receipt of the appeal; and
4. If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Health Systems Division Director.

B. Grievances filed with IHN-CCO, the Office of Civil Rights or the Oregon Health Authority must be appealed following those agencies' process.