



To: _____, DDS Area _____ manager

From: _____, OCA advocate

Date (mm/dd/yy): _____

Re: Grievance number _____

Response is due (mm/dd/yy): _____

Client(s)

Grievant(s)

DDS case manager

Provider

1. Problem (add pages as needed):

2. Informal problem resolution efforts (add pages as needed):

3. Proposed resolution of client or grievant (add pages as needed):

4. OCA advocate's summary of client or grievant position (add pages as needed):

5. Summary of advocate's position (add pages as needed):

6. Documentation related to grievance (add pages as needed):

7. Relevant statutes, policies, and other authorities (add pages as needed):

OCA advocate signature

Date

Phone

Instructions

This form is used in lieu of and processed in the same manner as Form ODH-15GR001P (Grievance Form), including attaching it to the Local Grievance Coordinator (LGC) Worksheet (Form ODH-15GR002E). The first level decision maker's response can be documented on the LGC Worksheet in the box designated for that purpose or in a separate attached memo, if more space is needed.

After obtaining the first level decision maker's response, return this form and the LGC Worksheet to the OCA advocate who submitted it. The OCA advocate will ascertain the client's or grievant's response to the proposed resolution, indicate that decision on the LGC Worksheet, and return the LGC Worksheet to the applicable DDS area manager.

If the client or grievance does not accept the proposed resolution at the first level, this form is returned with the LGC Worksheet.

Technical assistance regarding the OCA grievance process can be obtained by calling 405-522-2720.

- Copy -
- DDS Community Services programs administrator
 - DDS case manager
 - OCA Ombuds programs administrator
 - OCA advocate and supervisor
 - OCA client file