OKLAHOMA State Department of Health

Notice of Grievance Rights - Developmental Disabilities Services (DDS) recipient

The Office of Client Advocacy (OCA) administers a fair, simple, and timely grievance system. Grievances can be filed by, or on behalf of, any person receiving services from the Oklahoma Human Services (OHS) DDS. Policies describing this grievance system are found at OAC 310:678-5-1, 2, and 5-8.

You have a right to file a grievance, to receive a written response to your grievance, and to appeal if you are not satisfied with the response. You have the right to report abuse, neglect, and exploitation allegations. If any person attempts to deny you these rights or causes a problem for you when filing a grievance, contact your local grievance coordinator or call OCA at (405) 522-2720.

Who may file a grievance: Any person receiving DDS services may file a grievance. Grievances may be filed by anyone interested in the welfare of a DDS service recipient, such as a parent, guardian, staff, case manager, or OCA advocate.

What complaints are considered: You may submit a grievance about any policy, rule, decision, behavior, or action by a OHS employee or other persons authorized to provide care.

How to file a grievance: There is no time limit for filing a grievance, but the sooner the grievance is filed the sooner the complaint is addressed. Complete the Grievance Form (ODH15GR001P or ODH15GR001E). You may request assistance from the local grievance coordinator in obtaining the form, filling it out, and filing the grievance. Submit the completed form to the local grievance coordinator, OCA advocate, or submit by email to oca.grievances@health.ok.gov.

What happens next: You will receive a written response in approximately 10-business days after turning in your grievance. Your local grievance coordinator will contact you to discuss the response to your grievance. For more information about grievance procedures, contact:

_____ _____

☐ Local grievance coordinator or ☐ OCA advocate Phone number

Signatures

This notice was explained to:

_____ On _____

Client Name Date

_____ _____

Client signature Date

_____ _____

Parent or legal guardian signature Date

_____ _____ _____

Name of person explaining notice to client Title Date