

The Office of Client Advocacy (OCA) administers a fair, simple, and timely grievance system. Grievances can be filed by, or on behalf of, Hissom class members who are receiving services from Developmental Disability Services of Oklahoma Human Services (OHS). Policies describing this grievance system are at OAC 310:678-5-1, 2, and 6.

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 allegations of abuse, neglect, and exploitation. 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: A Hissom class member is a person certified by the United States District Court for the Northern District of Oklahoma in *Homeward Bound, et. al. vs. The Hissom Memorial Center et al.*, Case No. 85-C-437-E. Grievances may be filed by anyone interested in the welfare of a Hissom class member, for example a parent, guardian, staff, 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) and submit it by email to oca.grievances@health.ok.gov. You may also request assistance from the OCA advocate in obtaining the form, filling it out, and filing the grievance.

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 your OCA advocate:

OCA advocate name

Phone number

Signatures

This notice was explained to:

Name

On

Date

Client signature

Date

Parent or legal guardian signature

Date

Signature of person completing form

Title

Date