

OREGON CONSUMER/CAREGIVER SUGGESTIONS AND CONCERNS FORM

We understand that you have a suggestion, concern or complaint about the services you receive(d). Please complete this form, print clearly, and return it to the receptionist or mail it to the following agency:

Agency: _____

Address: _____



Today's Date: _____ Date of Concern: _____

Person(s) involved: _____

Program(s) involved: _____



Suggestion Concern Complaint Grievance Violation of Rights

Statement of suggestion/concern/complaint/grievance/rights violation: _____

(Continue on back or attach page(s) / documentation if needed)

What steps have you already taken to resolve this issue? _____

(Continue on back or attach page(s) / documentation if needed)

What do you want / expect to happen: _____

(Continue on back or attach page(s) / documentation if needed)

How do you wish to be contacted?

Name: _____

Address: _____

Phone: _____

Email: _____

I do **not** want to be contacted