

# Review of Client Complaint



**Client's name:**

**Mailing Address:**

**Home Phone:**

**TTY/Message Phone:**

**Work Phone:**

**Soc. Sec. #:**

## Step 1: Line Supervisor Review

**Cluster(s) involved:**  CAF  Health Services  SPD

**Specific Program:**

**Location:**

**Type of Complaint**

- Discrimination  Customer Service  Other  
 Privacy (Privacy complaints must be faxed to: 503-947-5396)

**Employee information (if applicable)**

Name of Employee subject to the Complaint:

Date Employee was notified of the Complaint:

Due date for response from Employee:

Date Rec'd:

Scheduled date and time of meeting or phone call:

Meeting participants' names and phone numbers:

Results of meeting or phone call:

**Was the issue resolved to the complainant's satisfaction?**

**Yes. (If yes, no further review will be necessary)**

**Describe what was done to resolve the complaint:**

**Forward copies of resolved complaint to:** Program Manager and District/SDA Manager or SPD Field Services Manager **and**

Governor's Advocacy Office,  
500 Summer Street NE # E-17,  
Salem, Oregon 97310-1097

Was Department error determined?  Yes  No

If yes, what action will be taken to eliminate or reduce future complaints?

**No. Forward complaint to Program Manager for complaint follow-up**

Optional Letter of Determination prepared for Client?  Yes  No

Supervisor signature: \_\_\_\_\_ Date \_\_\_\_\_

## Step 2: Program Manager Review

**Scheduled date and time of meeting or phone call:**

**Meeting Participants' names and phone numbers:**

**Results of meeting or phone call:**

**Was the issue resolved to the complainant's satisfaction?**

**Yes. (If yes, no further review will be necessary)**

**Describe what was done to resolve the complaint:**

**Forward copies of resolved complaint to:** CAF District/SDA Manager or SPD Field Services Manager **and** Governor's Advocacy Office.

Was Department error determined?  Yes  No

If yes, what action will be taken to eliminate or reduce future complaints?

**No. Forward complaint to :** District/SDA Manager or SPD Field Services Manager for complaint follow-up

Optional Letter of Determination prepared for Client?  Yes  No

Program Manager signature: \_\_\_\_\_ Date \_\_\_\_\_

## Step 3: District/SDA or Field Services Manager

**Scheduled date and time of meeting or phone call:**

**Meeting Participants' names and phone numbers:**

**Results of meeting or phone:**

**Was the issue resolved to the complainant's satisfaction?**

**Yes. (If yes, no further review will be necessary)**

**Describe what was done to resolve the complaint:**

**Forward copies of resolved complaint to:** District/SDA Manager or SPD Field Services Manager and GAO, 500 Summer Street NE # E-17, Salem, OR 97310-1097

Was Department error determined?  Yes  No

If yes, what action will be taken to eliminate or reduce future complaint?

**No. Forward complaint to Governor's Advocacy Office for complaint follow-up.**

Optional Letter of Determination prepared for Client?  Yes  No

Date complaint forwarded to GAO for follow up:

SDA or Field Services Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Step 4: Governor's Advocacy Office – Central Office**

**Date Complaint received by GAO:**

**Date entered and Case Number Assigned:**

**Follow up with complainant will be done by:**

GAO  CASU  ADA  Civil Rights Investigator  Privacy Office/HIPPA

Date sent for follow-up:

**Follow up reviewer:** Complete the section below and return to GAO.

Date Complainant Contacted:

Action taken, findings:

Recommendations:

Date resolved or closed:

Follow up reviewer's name (print):

Follow up reviewer's signature: \_\_\_\_\_

Date returned to GAO:

Date entered in computer: