



GRIEVANCE PROCEDURE

If at any time you believe your rights have been denied, or you are displeased with the service you are receiving from LifeWorks NW, you have the right to file a grievance. You may also call and leave a message on our Grievance Line at 503-645-3581 X 2450. Your grievance will be kept confidential and will be addressed promptly. Filing a grievance will not result in denial of service or any other negative consequence. We recommend you discuss your grievance with the staff person involved. If you still feel your grievance has not been resolved, you may file a grievance in writing using this Grievance Form. If you need assistance filling out the form, call the LifeWorks NW receptionist for help at 503-645-3581, or ask a receptionist at the LifeWorks NW office where you receive services.

HOW TO FILE A GRIEVANCE

Fill out the attached LifeWorks NW Grievance Form as completely as possible. Mail (or give) the completed form to the receptionist.

You will be contacted within five business days by a program administrator to discuss your grievance. We hope your grievance can be resolved with this contact.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance.

You will receive a written response to your grievance within 10 working days from the date your grievance is filed. The written response shall include information about the appeal process.

It is our goal to resolve any grievances promptly and confidentially at the program administrator level. If you are dissatisfied with the plan to resolve your grievance, you may request an appeal hearing. We ask that you call LifeWorks NW at 503-645-3581 and ask to have the Request for Appeal Form mailed to you. You may also request an Appeals form in person at any LifeWorks Location.

If you are an Oregon Health Plan member, you may also file a grievance directly with Managed Care Plan. You may also file a grievance directly with the Oregon Health Plan using Form OHP 3001. This form is located in the lobby area, or you can ask a receptionist for assistance. If you are not an OHP member, you may contact your insurer by calling the number on the back of your insurance card.

You may also file a grievance with the following agencies:

- Health Systems Division of the Oregon Health Authority at 503-945-2340
- Disability Rights of Oregon at 503-243-2081
- The Governor's Advocacy Office at 503-945-5600



GRIEVANCE FORM

To be completed by client, or client's representative

Client name: _____ Date: _____ Phone #: _____

Name of person with grievance (if other than client): _____

Relationship to client: _____ Staff member(s) involved: _____

Have you shared your grievance with this staff person? Yes No

Please describe your grievance in detail including date(s), times, and circumstances. *Continue on a separate sheet if needed.*

Does the nature of your grievance involve harm or risk of harm to yourself or others? Yes No

If yes, please explain _____

How would you like to see your grievance resolved? _____

Client's Signature (or Client Representative): _____

Office Use Only

Received by: _____ Date: _____

Sent to: _____ Date: _____