



MULTNOMAH COUNTY BEHAVIORAL HEALTH DIVISION

Grievance Referral Form

ARE YOU GETTING WHAT YOU NEED?

People receiving behavioral health services in Multnomah County are at the center of the behavioral health system.

WAYS TO REACH US:

- **Call:**
Behavioral Health Division Grievance Line - 503-988-8600
Oregon Health Authority - 503-945-5772
Governor's Advocacy Office - 1-800-442-5238

If you are a Care Oregon member, contact your CCO directly:

Care Oregon- 503-416-4100 or 1-800-224-4840

- **Write:**
You can use the second page of this form to write your complaint and mail or fax to the address at the bottom.
- **Online:**
You can also use the complaint form provided online:
<https://multco.us/mhas/webform/comments-complaints>

Please Remember:

- Once you file your complaint, we have 30 days to complete our process.
- If the matter of your complaint will cause harm to you in the time it takes for us to complete our process, you may file an expedited grievance.
- You cannot be retaliated against for filing a complaint.
- You are immune from any legal issues for making a complaint.

CONSUMER GRIEVANCE/COMPLAINT REPORTING RIGHTS

You have the right to complain.

CONFIDENTIALITY - All information in your concern/complaint will be kept confidential except in the following circumstances:

- When you file a complaint, Multnomah County BHD has the right to the information concerning your complaint for review purposes without a signed release of information from you, your parent/legal guardian, or your representative.
- When permission is formally given through a signed authorization.
- As required by law, we will report to the appropriate agencies in the following cases:
- When there is reason to suspect the abuse or neglect of a child as required by ORS 419B.005.
- When there is suspected abuse or neglect of an adult, 18 years and older who has a disability as required by ORS 419B.005.
- Reporting to law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
- Reporting if a client is judged to be in imminent danger of harming him/herself. Information may be released to a person who has the authority to deal with the danger.
- Reporting to a doctor or hospital in the event of a medical emergency.
- In the event of a court subpoena requiring the re-lease of a client's records.

YOU HAVE THE RIGHT TO REQUEST ACCESS TO YOUR RECORDS AND PRESENT EVIDENCE. You have the right to request to review your medical records and receive either a response or access to the record within five working days. You also have a right to give information regarding this concern or if this is an appeal, evidence regarding the appeal, prior to the decision being made.

**MULTNOMAH COUNTY COMPLAINT FORM
BEHAVIORAL HEALTH DIVISION**

Today's Date _____

Please review the information on the first page before you complete this form.

Client Name: _____
Address: _____
Telephone #: _____
Name of Person Reporting Concern: _____
Ph# _____
Relationship to client: _____
Do you wish to remain anonymous? Yes/ No (circle one)
Do you need an interpreter? Yes/No If so, for what language? _____

Describe your complaint: Give us any information that may help us to resolve this concern. Attach any records you wish us to review regarding this concern. Please attach additional pages to this form if you need more space to describe the concern.

What would you like to see happen in this matter?

Please list the names and telephone numbers of anyone you want us to contact about this complaint:

Name/relationship to client:

Telephone:

Name/relationship to client:

Telephone:

HERE IS OUR ADDRESS - YOU CAN EITHER MAIL, FAX, CALL OR USE THE ONLINE FORM:

**Multnomah County Behavioral Health Division
209 SW 4th St., Suite 520, Portland OR 97204
Phone: 503-988-8600 ~ Fax: 503-988-4015 ~ TTY: 711
<https://multco.us/mhas/webform/comments-complaints>**

