



Complaint/Grievance Form

1. If you have a complaint/grievance about a staff person, type of treatment being offered, or anything else, you are encouraged to discuss that complaint/grievance with your therapist.
2. If you are not comfortable discussing this with your therapist please contact the Executive Director, Chantay Jett at 541-426-4524 x1023.
3. ***If you are a GOBHI or EOCCO member you have the right to contact them at any time about any complaint/grievance even if you have not talked to WVCW staff.*** Their address & phone # are listed below. You may request the GOBHI Grievance & Appeal Form from the receptionist.
4. Complaints/grievances may be done in writing and this form may be used if you'd like. Other written information may be included and will be accepted. You may request an envelope if you would like your complaint sealed in an envelope.
5. If filing a complaint/grievance with WVCW, it will be reviewed within 48 hours and we will get back to you within 14 days.
6. Once the complaint/grievance has been received we will look at the facts, ask questions and try to resolve all issues. All of this information will be placed in your medical record.
7. **If an individual's health is perceived to be at risk, we do have an expedited complaint/grievance process.**
 - A) The grievance/complaint must be filed by the individual or the guardian consenting to the individual's treatment;
 - B) The written report must state that this is a request for an expedited complaint/grievance;
 - C) The reason why the complaint/grievance must be expedited;
 - D) What consequences will be if the regular complaint process is not followed.
8. If you are not satisfied with the response you get, you may send your complaint to GOBHI (if you are a GOBHI member), although you may also file a grievance with GOBHI without talking to WVCW staff first:

GOBHI
P.O. Box 1820
The Dalles, OR 97058
Phone: 541-298-2101 or 1-800-493-0040 TDD 711

Or

Addictions & Mental Health Division
500 Summer Street NE
Salem, OR 97301-1079
Phone: 503-945-5763 TTY: 800-375-2863



WALLOVA VALLEY
CENTER for WELLNESS

Complaint/Grievance Form

Your Name (optional): _____ **Date:** _____ **Expedited Claim:** Yes / No (explain below)

Location where Grievance occurred: Phone H4H Joseph House Wallowa River House

Pioneer Guest Home Wallowa Office Telehealth Other: _____

Please state your complaint/grievance:

(Attach additional information if necessary)

Signed: _____

Current Address & Phone #: _____