

CLIENT GRIEVANCE FORM

This form is used when you want to make a complaint or communicate a grievance.

Please complete, sign, and date. You will receive a written response within 20 calendar days from the date of this form. If you do not agree with the findings, you have rights to request an appeal or hearing (see Notice of Hearing Rights).

Personal Information	
Name: _____	Phone: _____
Address: _____	
Name of OMC Client: _____	Program Area: _____
Client's Date of Birth: _____	Gender: M _____ F _____

Please tell us what the complaint is about, sign at the bottom, and put today's date.
(Use the back of this page if more room is needed).

Signature: _____ Date: _____

You can file this grievance in one of 3 ways:

1. Please give the completed form to your therapist, program supervisor, or front office staff.
2. Mail to: Old Mill Center, 1650 SW 45th Place, Corvallis, OR 97333
3. Call Old Mill Center's Executive Director at (541) 757-8068