

## Grievance Notice

If you have a concern or complaint, please bring it to the attention of your counselor or another staff member with whom you feel comfortable. Our staff will help you address your concerns. If Medicaid/OHP pays for your services, you can also contact your CCO directly.

After speaking with our staff, if you or the person acting on your behalf feels the matter is still unresolved, please write your concern on a grievance form and submit it to the Executive Director ([admin@transponderoregon.org](mailto:admin@transponderoregon.org)). Please include all the information that will help our staff understand your concern and your suggestion for resolution. Within 30 days, our staff will communicate with you and/or your representative in writing regarding the decision on the grievance and information explaining the appeal process.

If you would like assistance putting your grievance in writing, please ask a staff member for assistance.

If you would like a grievance form, please ask for one.

If you would like more information on the grievance process, requesting an expedited grievance, appeals, immunity, or retaliation, please request a copy of the grievance and appeals policy and procedure.

### **Telephone numbers:**

TransPonder: 541-321-0872

Oregon Health Authority, Health Systems Division: 503-945-5763  
<http://www.oregon.gov/OHA/healthplan/pages/complaints-appeals.aspx>

Disability Rights Oregon: 503-243-2081

Governor's Advocacy Office: 503-945-6904

HealthShare Oregon: 503-416-8090  
<http://www.healthshareoregon.org/for-members/appeal-and-grievances.html>




<b>3. What specific action have you taken to follow the guidelines for informal resolution as outlined in the Employee Handbook <i>or</i> the practice policies? What has been the outcome of these efforts?</b>

<b>4. What specific remedy do you request?</b>

**TransPonder: 541-321-0872**  
**Disability Rights Oregon: 503-243-2081**  
**Trillium Community Health Plan: 877-600-5472**  
**PacificSource: 888-977-9299**  
**The Governor’s Advocacy Office: 503-945-6904**

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**Name:**

**Signature:**

**Date:**

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**(If under 18 years old) Parent/Guardian Signature:**

**Date:**

↓ **STAFF USE ONLY** ↓

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**Staff Name:**

**Date Received:**

**Resolution/steps taken:**

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**Staff Who Resolved:**

**Date of Resolution:**