



Instructions for Filing a Complaint

If you have a concern or problem with the services or treatment you are receiving from Marion County Health and Human Services (MCHHS), we encourage you to attempt to discuss the issue with the staff person from the program from which you are receiving services.

If you remain dissatisfied, you may file a complaint with us either verbally or in writing. Your complaint will be kept confidential and you will not be treated disrespectfully for filing a complaint.

How to File a Complaint

1. The Complaint form is available at any Marion County Health and Human Services facility, on our website at <http://health.co.marion.or.us/>, or if you would like us to mail you a Complaint form, you can call us at 503-588-5357. If you need help completing the Complaint form, you may ask any MCHHS staff member to assist you or you can have someone else file the Complaint for you. If you have someone else (other than a MCHHS employee) file the complaint for you, you will need to sign the bottom of the Complaint form in order for us to communicate with the person filing the complaint on your behalf.
2. To submit a complaint, you can either take the Complaint form into the office where you are receiving services, or you can mail it to:

Marion County Health and Human Services
Attention: Complaint's Coordinator
3160 Center Street NE
Salem, Oregon 97301

What To Expect After You Have Filed a Complaint:

- Your complaint will be kept confidential. This is required by federal and state laws and rules.
- We will review the details and facts of the complaint and speak to those involved.
- We will contact you if we need more information from you.
- We will try to respond to your complaint within 5 working days, however if we need more than 5 days, we will notify you in writing letting you know why we need more time and how much time is needed.
- If additional time is needed, we will send you a letter with our decision of how your complaint will be handled, no later than 30 calendar days from the date that we received your complaint.
- If you are not satisfied with our written decision, you may contact the Health and Human Services Administrator, Ryan Matthews, in writing, at 3160 Center Street NE, Salem, Oregon 97301.



Date Received:

**Marion County Health and Human Services
Complaint Form**

Your Name:	Your Phone Number:	Today's Date:
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Your Address:	City:	State:	Zip:
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Name of person receiving services (If different):	SSN (optional) or Medicaid ID Number for person receiving services:
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Date of event:	Location of event:
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Names of those involved:

Describe what happened:

Do you believe that the nature of this complaint is such that it requires attention within 48 hours to prevent serious risk of mental or physical health or threat to safety? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have suggestions about how we could resolve this issue?

I allow Marion County Health and Human Services to investigate and share information for the purpose of investigating and resolving this complaint. If someone else is filing this on my behalf, I also give my permission for Marion County Health and Human Services to exchange information with the individual named above.

Client's Signature/Date

Complainant's Signature (if not the client)/Date