

**Oregon Department of Human Services (DHS)  
Office of Vocational Rehabilitation Services (OVRs)**

**OVRs RESPONSE TO SECTION 504 CONSUMER DISCRIMINATION COMPLAINT**

**1) Reviewing Manager or designee conducting the review:**

- Name:                      Title:                      Division/Program:                      Home office:

**2) Consumer information:**

- Consumer name:
- Address/telephone number:

**3) Consumer complaint:**

- Date of interview(s):
- Name(s) of interview participant(s):

**4) Result of investigation:**

- Date:
- Decision:
- Date on attached *OVRs Section 504 Consumer Complaint Letter of Determination (if applicable)*:
- Consumer complaint substantiated:  Yes  No
  - If yes, corrective action taken to ensure offense/incident does not reoccur:

**5) Complaint resolution:**

- Complaint resolved:  Yes  No If not, why not:

**6) Consumer appeal rights:**

- Notice of consumer appeal rights enclosed (see attached):  Yes  No

**Signature of Reviewing Manager or designee:** \_\_\_\_\_

**Date** \_\_\_\_\_

**CONSUMER NOTICE OF APPEAL RIGHTS ATTACHED**

## **IMPORTANT NOTICE TO CONSUMER**

**You have the right to appeal the Reviewing Manager or designee's decision on the attached form to the DHS Governor's Advocacy Office in Salem. You must submit a written appeal request stating facts and reasons for your disagreement with the decision within (20) calendar days of the signature date on this form to:**

**Governor's Advocacy Office  
ADA Coordinator, DHS  
500 Summer Street NE, E-17  
Salem, OR 97301  
Toll-free: (800) 442-5238  
TTY (503) 947-5330  
Fax: (503) 378-6532**

**You may have the right to file a formal written complaint at the Office for Civil Rights:**

**U.S. Department of Education  
Office for Civil Rights  
915 2nd Avenue, Room 3310  
Seattle, WA 98174-1099  
Toll-free: (800) 421-3481  
Tel: (206) 220-7900  
Fax: (206) 220-7887  
TTY: (206) 220-7907**

**U.S. Department of Health and Human Services  
Office for Civil Rights  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831  
Toll-free: (800) 368-1019  
Tel: (206) 615-2290  
FAX (206) 615-2297  
TTY (206) 615-2296**

**Cost-free legal assistance may be available at the Client Assistance Program (CAP) at Disability Rights Oregon. Contact:**

**Disability Rights Oregon  
Client Assistance Program (CAP)  
620 SW Fifth Ave, Suite 500  
Portland, OR 97204  
Toll-free: (800) 452-1694  
Toll-free TTY: (800) 556-5351  
Toll-free Fax: (800) 513-2321  
Video Phone (VP): (866) 863-7179**