

**Oregon Department of Human Services
Office of Vocational Rehabilitation Services**

OVRS REVIEW OF SECTION 504 CONSUMER DISCRIMINATION COMPLAINT

To be completed by Reviewing Manager or designee conducting the review:

Section 1 - Consumer information:

- Consumer's name:
- Mailing address:
- Home phone: Work phone: E-mail address:
- TTY/Message phone: Social Security Number (Optional):
- Consumer is: Applicant Current client Former Client Member of public

Section 2 - Employee information (if applicable):

- Name of employee(s) referred to in the complaint:
- Date employee(s) notified of the complaint:
- Employee(s) response due date: Date received:

Section 3 - Consumer interview information:

- Name of person conducting review:
- Consumer agreed to meeting: Yes No
- If yes, scheduled date and time of meeting with consumer:
 In Person Phone call
- Meeting participant names and phone numbers:
- Results of meeting or phone call:

Section 4 – Reviewer decision:

- Date *OVRS Response to Section 504 Consumer Discrimination Complaint* mailed to consumer:
- *OVRS Section 504 Consumer Complaint Letter of Determination* attached?
 - o Yes No
- Was complaint substantiated? Yes No
- If yes, what action will be taken to eliminate or reduce future complaints?

