**Action Request Transmittal**

**Developmental Disabilities Services**

**Lilia Teninty**

**Authorized Signature**

**Number:** APD-AR-14-057  
**Issue Date:** 10/17/2014

**Topic:** Developmental Disabilities

**Due Date:** Effective upon Release

**Subject:** Complaint Acknowledgement Letter

**Applies to (check all that apply):**
- [ ] All DHS employees
- [ ] Area Agencies on Aging
- [ ] Aging and People with Disabilities
- [ ] Children, Adults and Families
- [x] County DD Program Managers
- [ ] County Mental Health Directors
- [ ] Health Services
- [ ] Office of Developmental Disabilities Services (ODDS)
- [ ] Other *(please specify):* Brokerage Directors, Brokerage Personal Agents, CDDP Service Coordinators, CIIS Case Managers

**Action Required:**

1. Prepare and provide Form [DHS 0373](#), (or a letter with the same content) to the Complainant upon the receipt of a developmental disabilities complaint in regards to;
   
   (a) An expression of dissatisfaction with a developmental disability service; or

   (b) An allegation of circumstances or events that are contrary to law, rule, policy, or otherwise adverse to the interests of an individual.

   **This form (or a letter with the same content) must be provided to the Complainant within 5 calendar days following receipt of a complaint.**

   The form is available on the [DHS forms website](#). Each office may tailor the Department form to include your own office letterhead and contact information.

2. Keep a copy of the signed completed form with the complaint records.
**Reason for Action:**
Effective July 1, 2014 and in response to the Department of Human Services (Department) transformation efforts, and the need to streamline operations to provide consistency across developmental disability services, the Department adopted OAR 411-318-0000 that provides a uniform complaints and hearings process.

With the implementation of the Complaint Acknowledgement form DHS 0373, this provides consistency, convenience, and accountability while meeting the compliance acknowledgement requirement as stated in the rule.

**Field/Stakeholder review:** ☒ Yes ☐ No

*If yes, reviewed by:* CDDP program managers, Brokerage Directors, Children’s Residential managers and CIIS managers

*If you have any questions about this action request, contact:*

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