

OHA Certified Traditional Health Worker Complaint Form



This form is for complaints against OHA certified Traditional Health Workers (THW) <https://traditionalhealthworkerregistry.oregon.gov/Search> and OHA approved training programs <https://www.oregon.gov/oha/EI/Pages/THW-Training-Programs.aspx>. If you are a THW who needs to file a complaint against your employer please contact the Oregon Bureau of Labor and Industries. For more information visit <https://www.oregon.gov/BOLI>

Please fill out as much information as you can. Attach copies of documents that help explain or support your complaint.

Please return this form by email or mail.

Mail: OHA Equity and Inclusion Division
THW Program Manager
421 SW Oak St., Suite 750
Portland, OR 97204

Email: thw.program@odhsoha.oregon.gov

For questions or to get this document in other languages, large print, braille or a format you prefer free of charge contact the Traditional Health Worker Program at 971-673-3353 or email thw.program@odhsoha.oregon.gov. We accept all relay calls.

1. Your information (please print or type)

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home/cell phone _____ Work phone _____

Other _____

Preferred language _____

How would you like us to contact you? Phone Email Other

Best time to contact you? (day/time) _____

May we contact you by email? Yes No

Email _____

2. Traditional Health Worker Program

Complaint about

Community Health Worker (CHW)

Famiy Support Specialist (FSS)

Peer Support Specialist (PSS)

Peer Wellness Specialist (PWS)

Person Health Navigator (NAV)

Youth Support Specialist (YSS)

Tribal Traditional Health Worker (TTHW)

Doulas

THW Training Program

Contact information for the person or program you are complaining about

Name of THW or name of training program _____

THW Number, if known _____

Address _____

City _____ State _____ Zip _____

Home/cell phone _____ Work phone _____

Other _____

3. Employer contact information (if known)

Name of employer _____

Name of contact _____

Address _____

City _____ State _____ Zip _____

Home/cell phone _____ Email _____

4.1 Tell us what happened

Attach copies of any documents that help explain or support your complaint. Use page 5 for additional space.

List contact information for any relevant witnesses

1. Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

2. Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

3. Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

5. Have you been in contact with other people or agencies about your complaint?

If so, please provide full name(s) and contact information

1. Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

2. Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If you have not contacted anyone, enter "N/A" _____

If you made a complaint to other people or agencies, tell us what happened since you made the complaint? (include dates if possible)

4.2 Continued

Please use the additional space below to continue explaining or supporting your complaint