



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency

CLIENT COMPLAINT AND GRIEVANCE FORM

Submitted to Client Rights Officer or designee (2 pages)



TO: Client Rights Officer (CRO) or designee of DMHAS Facility, Program or Covered Service:

FROM: Client or person legally authorized to act on the client's behalf

Contact information: Street Address

City, State and Zip Code Phone Number:

Do you have help from an advocate? Yes No (If "No" you can request the CRO to provide state-wide advocacy program contact information)

Describe your complaint:

- Include: What Happened, When and Where Did It Happen; Who Was Involved and Names of Any Witnesses.

(Continue on other side - Attach additional pages if necessary) DMHAS CLIENT COMPLAINT AND GRIEVANCE FORM

DMHAS complies with all applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. DMHAS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Confidentiality: This form is intended only for the individual(s) to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

(Continued from other side)

Remedy/remedies you are seeking:

Attach additional pages if necessary

By submitting this grievance form you authorize the Client Rights Officer (CRO) or designee to take any action necessary including: reviewing pertinent documents, interviewing you (with your advocate present) and other involved parties to have a thorough understanding of your complaint and propose an Informal Resolution.

Signature of person submitting this complaint

Date

Signature of Client Rights Officer or designee who received this grievance

Date received

FOR MORE INFORMATION ON THE DMHAS GRIEVANCE PROCEDURE CONTACT:

Client Rights and Grievance Specialist, Department of Mental Health and Addiction Services Office of the Commissioner
410 Capitol Avenue 4th Floor PO Box. 341431 Hartford, CT 06134 (phone: 860-418-6933 fax: 860-418-6691, TTY: 860-418-6707)

www.ct.gov/dmhas/crg

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