

Reporting Concerns

Any person receiving services or the parent / guardian of the person receiving services can file a complaint or grievance with the health care provider, managed care plan, or the agency.

We want you to share your concerns with us. We will keep your concerns private and review them promptly. This helps us to improve our services.

Steps to Take:

- Discuss your concern with your health care provider or case manager.
- If you are not able to discuss the concern with your health care provider or case manager, you can call or ask at the reception area for help.
- If you do not feel you got the help you needed, contact the Program Manager or one of the managers listed in this brochure.
- If you file a complaint with us you can expect someone to contact you in about five business days.

Things to Know:

- If you do not want to discuss your concern in person or by phone, you can mail or drop off a written concern to Benton County Health Services.
- A Consumer Concern forms are available in the lobby of the Mental Health Department or available from any staff member.
- You can submit a complaint without using the Consumer Concern form. Include the date of your concern, what your concern is, and how we can contact you for follow-up.
- You can also submit any concern without identifying yourself. However, it will be harder for us to resolve.
- You are welcome to ask someone you trust to represent you in any part of this process. To protect your privacy, we need written consent from you to talk with this person.
- You may ask any staff member you are comfortable with to help you. They will contact a member of the Health Services Management team if needed.

Expedited Complaint Process:

- If you think your concern cannot wait for the regular review process because you believe your health is at risk, you can ask for an expedited review process.
- You should provide a statement that you are asking for an expedited complaint process. Explain the urgency of the issue and what may happen to you if the process is not expedited.
- We will respond within 48 hours
- If you do not agree with our decision you may file an appeal within 10 days.

Right to Appeal

- Individuals and their guardians have the right to appeal.
- Appeals must be submitted within 10 days to the Health Services Division.
- The Division will provide a written response within 10 days
- If you are not satisfied, you make file a second appeal within 10 days to the Health Services Division Director.

Compliance Manager
541-766-6273

Additional Action

- Complaints may also be filed with:

Health Systems Division
503-945-5763
TTY users: dial 711

Disability Rights Oregon
800-452-1694
TTY users: dial 711

Intercommunity Health Network
Coordinated Care Organization:
800-832-4580
TTY users: 800-735-2900

Governor's Advocacy Office
800-442-5238
TTY users: dial 711

Client Complaint and Grievance Process



Benton County Health Services
530 NW 27th Street
P.O. Box 579
Corvallis, OR 97339-0579
541-766-6835
TTY: 1-800-735-2900
www.co.benton.or.us/health