**OREGON EMDR, LLC**

**GRIEVANCE Policy**

It is the policy of Oregon EMDR to treat all clients with fairness and professionalism and to strive for excellence in providing services to clients. Oregon EMDR policy provides clients and their families or legal guardians with the opportunity to express a problem or grievance related to the quality of services. If you feel you have been treated unfairly, unprofessionally or feel that your rights have been breached, the following procedure should be used.

Oregon EMDR grievance procedure is designed to provide a means for those applying for Oregon EMDR' services and clients receiving services to bring a grievance to the attention of Oregon EMDR and to reach a speedy resolution. Oregon EMDR has a strict policy prohibiting retaliation in any form against anyone who files a grievance.

A grievance is defined as any situation or condition that a client thinks is unfair, unjust or inequitable. In addition, if a client merely states they want to file a grievance, a grievance should be completed. Under this Client Grievance Procedure, you should submit a grievance in the following sequence:

* If you have a grievance, the concern can be discussed with an Oregon EMDR staff. If you decide to speak to an Oregon EMDR staff and an agreement cannot be reached, you should proceed to the next step of this grievance procedure. You can also file a grievance without any discussion and proceed to the next step. Grievance forms can be found at the following:
* You can request the form, as well as, assistance completing the form, from any Oregon EMDR staff.
* Call 541-525-9416 to request a form.
* On our website at <http://www.oregonemdr.com/faq> under “What is your grievance policy?”
* If the matter has not been resolved to your satisfaction, you may choose to discuss your concerns with any supervisor.
* Once notified in writing, the Director will initiate an investigation within 14 calendar days and provide an acknowledgment to you within 21 calendar days.
* The Director will report the outcome of the complaint investigation to you within 30 calendar days after the complaint is received.
* In addition, clients can contact any of the following organizations to report a grievance:
	+ Health Systems Division of Oregon Health Authority;

[(877) 398-9238](https://www.google.com/search?rlz=1C1LDJZ_enUS500US500&ei=QdwAXfyYJoWd-gTWr6qABQ&q=oha%20oregon%20phone&oq=oha+oregon+phone&gs_l=psy-ab.3..33i299.5593.6494..6872...0.0..0.91.478.6......0....1..gws-wiz.......0i71j0j0i22i30j33i160.HeKTJ12UXdo&npsic=0&rflfq=1&rlha=0&rllag=45222501,-122833126,38733&tbm=lcl&rldimm=14680182030432311424&lqi=ChBvaGEgb3JlZ29uIHBob25lGakf-jogl-lmIgIQAVoFCgNvaGE&ved=2ahUKEwjD8MqK5uPiAhXRl54KHaZ2BgQQvS4wAnoECAoQPQ&rldoc=1&tbs=lrf:!2m1!1e2!2m1!1e3!2m1!1e16!3sIAE,lf:1,lf_ui:2)

* + Disability Rights Oregon; [(503) 243-2081](https://www.google.com/search?q=disability+rights+oregon+phone+number&rlz=1C1LDJZ_enUS500US500&oq=disability+rights+oregon&aqs=chrome.1.69i57j0l5.7867j0j9&sourceid=chrome&ie=UTF-8)
	+ The Governor’s Advocacy Office. [(503) 945-6904](https://www.google.com/search?q=oregon+governors+advocacy+phone&rlz=1C1LDJZ_enUS500US500&oq=oregon+governors+advocacy+phone&aqs=chrome..69i57j69i64.11561j1j9&sourceid=chrome&ie=UTF-8)
* In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The Director will review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.
* A grievant, witness, or staff member of a provider will not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.
* The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.
* Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:
	+ If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division;
		- * If requested, program staff shall be available to assist the individual;
			* The Division shall provide a written response within ten working days of the receipt of the appeal; and
			* If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

**Oregon EMDR**

**GRIEVANCE REPORTING FORM**

This form is to be completed if you wish to make or file a grievance or complaint. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance. (You may file this report anonymously, without your name, however it may make it more difficult for Oregon EMDR to address the matter.)

Client Name: (Last, First)

Client Address

Client Phone

Program or Location

## **Grievance Statement**

When did the event or incident happen?

Specific Date(s)

Time(s) if known

List the name or names of all persons involved in the event or incident

State the event or incident that prompted this complaint or grievance (Include all relevant details that will help in following up on this issue)