

Individual Complaint/Grievance Form

Your concerns about services are welcome. If you need assistance completing this form, you may ask any staff to help you. You will receive contact from an investigator or QI Team Member within five (5) business days. If you feel this matter is urgent and would cause you irreparable harm to your rights, health and/or safety, please indicate below. If deemed urgent after review, you could receive a response within two (2) business days.

Your name: _____ Phone: _____

☐ I do not have a phone, please contact me through a member of my treatment team.

☐ I do not want to be contacted. I filed this form to provide New Narrative Quality Improvement Coordinator feedback about my experience only.

Address: _____

Are you currently enrolled in the Oregon Health Plan? ☐ Yes ☐ No

Is a New Narrative staff member supporting you in filling this out? ☐ Yes ☐ No

If yes, if you are comfortable, who is supporting you in filling this out: _____

Do you believe that the situation is likely to cause you harm and requires a response within two (2) business days? If you are in immediate crisis, please consult with staff on site. ☐ Yes ☐ No

Please state your complaint/grievance and how you would like to see the situation resolved (Please write clearly and use a blue or black pen. If more space is necessary, please attach another sheet of paper or use the back of this sheet.):

Your signature: _____ Date: _____

New Narrative, New Narrative Property Management, NorthStar Clubhouse, Comfort Zone, Other

Participants can submit grievances via:

Fax: 503-501-5265 | Email: qiteam@newnarrativepdx.org | Phone: 503-501-5320

Mail: Quality and Impact Team at 8915 SW Center Street, Tigard OR 97223

Staff, please use the QI HelpDesk Ticket System on SharePoint when submitting on behalf of participants

You may also contact the following entities to submit a grievance and/or ask for more information about grievances:

1. County: **Washington County:** 503.846.4528 **Multnomah County:** 503.849.7964
2. State: Disability Rights Of Oregon (DRO) Phone: 503.243.2081
3. Your Managed Care Plan **Health Share:** 503.416.8090
4. Oregon Governor's Advocacy Office: 503.945.6904
5. Oregon Health Authority: 503.945.5763