

Appendix B
Oregon Intervention System
Complaint Form

Use this form to file a complaint about an OIS Instructor or when a decision is made that you disagree with. Answer the questions below. If you would like, ask someone else to help you complete the form.

Name of the person with the complaint: _____

Phone: _____

Email: _____

Mailing address: _____

Date Submitted: _____

Indicate the nature of your complaint. (Please include dates and any other applicable details. Use additional pages as needed):

You will receive a letter acknowledging your complaint within 7 calendar days of your complaint being received. Your complaint will be investigated, and you may be asked to provide additional information or details. Following the investigation, you should receive a written response to your complaint. The response may be on this form, with pages attached as needed or in a separate letter.

Complaint resolution or outcome: (To be completed by the OIS Project Manager, Contract Holder, or OIS Committee Chairperson)

Signature: _____

Date Mailed: _____

If you are not satisfied with the outcome of your complaint, you may request a review of the decision by the Office of Developmental Disability Services (ODDS).

You must make the request for an ODDS review within 30 days of the date identified on the resolution letter.

This request can be made to: