

COMPLAINT & FEEDBACK FORM • APPEAL FORM Date _____

About this form You can use this form if you have a problem or concern and want something done about it. You can use this form if you have feedback and want something done about it. Fill out Parts 1, 2 and 3, and then sign your name on the back. If you give complaint or feedback information for this form verbally, then you do not need to sign the form.

You can also use this form if you received a Notice of Action and want to have that decision reviewed. *This is called filing an Appeal.* Before you fill out this form, please read “How to File an Appeal” attached to this form.

PART 1 If you are filing this form for yourself, fill in *your* information. If you are a parent or legal guardian, fill in *your child's* information.

Full Name _____	Oregon Health Plan ID # _____
_____	Date of Birth _____
Mailing Address _____	Main Phone # _____
_____	Alternate Phone # _____

PART 2 If you are filing this form for the person listed in Part 1, including if you are that person's parent or legal guardian, fill in *your* information.

Full Name _____	What is your relationship to the person listed in Part 1? This person is my: _____
_____	_____
Mailing Address _____	Main Phone # _____
_____	Alternate Phone # _____

PART 3 **For a Complaint or Feedback:** Use the space below to explain the problem or concern. Say what you want to be done about it. Use more paper if needed.

Go to Page 2 to sign this form ➔

Important note: If this is a problem or concern about your provider or treatment agency, you must talk with them first. If you are not happy with their decision about the matter, then you can file an Appeal with them or with MVBCN. You can get the agency's address from the MVBCN Member Handbook. Or you can contact the agency or the MVBCN office.

Where to return this form

Mid-Valley Behavioral Care Network
Attn: Consumer Affairs Specialist
1660 Oak Street SE, Suite 230
Salem, Oregon 97301



Call if you need help filling out this form:

Local: 503-361-2647 • Toll-free: 1-866-422-6647
Oregon Telecommunications Relay Service:
TTY or Voice: 711 • VCO: 1-800-735-3260

You can get this form in a larger print size or in a different format. You can also get this form in some languages other than English. Contact the MVBCN office to ask for this.

For office use only: Information for this form received verbally; documented by _____ on _____.

PART 4 To file an Appeal: Answer the questions below. Use more paper if needed.

1. Did you receive a Notice of Action about the services for the person listed in Part 1?

MARK ONE: **YES** *If you marked YES, please answer the questions below.*

NO *If you marked NO, go to Part 3 to file a Complaint or ask for help.*

2. Explain why you want to have the decision in the Notice of Action reviewed.

3. Do you want the services for the person listed in Part 1 to continue while the decision is being reviewed?

MARK ONE: **YES** *If you marked YES, please note: You, or the person listed in Part 1, may be required to pay for the cost of services if the Appeal decision is not in his or her favor.*

NO

4. For the person listed in Part 1, do you feel that his or her life, health or ability to function is in serious jeopardy?

MARK ONE: **YES** *If you marked YES, use the space below to explain why you feel this way. Your situation will be reviewed to decide whether it can be treated as an urgent matter. You will be contacted within 2 days if it cannot be treated as an urgent matter.*

NO

SIGNATURE/s

Signature of the person listed in Part 1

Please read this before signing: You must sign this form if you are filing an Appeal. If someone else is filing an Appeal for you, then that person's information must be listed in Part 2. When both of you sign this form, you give permission for that person to act on your behalf in the Appeal. You also give permission for that person to see your confidential mental health records related to this Appeal. In some cases, you may also be asked to sign a special form to give permission for that person to see your records.

Important note: *If you are 14-17 years old and have consented to mental health treatment without involving your parent or legal guardian, you can file this form without anyone else's signature.*

Signature of the person listed in Part 2

Please read this before signing: Your signature means that you are filing this Appeal with the permission of the person listed in Part 1; that person must also sign this form.

Important note: *If you are a parent or legal guardian and the person listed in Part 1 is under 18 years old, you can sign this form without that person's signature. The exception is if the person is 14-17 years old and has consented to mental health treatment without involving a parent or legal guardian. If there is any other reason why you have authority to file this Complaint or Appeal without the person's signature, you must provide proof of this.*