South Central Human Relations Center

Grievance Form

This form is to be used by SCHRC clients to inform us of a grievance about the services received. This form will be submitted to the Program Director of the program to which the grievance relates and will be used to initiate an investigation, including interviews with staff, the client/person lodging the grievance, and others who may have information regarding the grievance.

Within 3 business days of receiving the grievance, you will be notified in writing that the grievance was received.

Within 15 working days of the written grievance being initially presented, the Program Director will provide an official written response regarding the grievance.

| Client Name and DOB: | |
|--|-----------------------------------|
| Name and Contact Information of Person | Filing Grievance: |
| SCHRC Staff Involved in Grievance: | |
| Date of Grievance: | Date Grievance Received by SCHRC: |
| Please state the nature of your grievance, and provide as much detail as needed: | |
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Client/Authorized Representative Signature

You are allowed to bring the grievance to the person with the highest level of authority: Michele Merxbauer, Executive Director.

Contact information for other related entities:

Department of Human Services, Licensing Division P. O. Box 64242

St. Paul, MN 55164-0242 Phone: (651) 431-6500 Fax: (651)431-7673

Minnesota Board of Marriage and Family Therapy 2829 University Ave SE #400 Minneapolis MN 55414 Phone: 612-617-2220

Medical Treatment or Patients' Bill of Rights: MN Board of Medical Practice 335 Randolph Avenue Suite 140 St. Paul. MN 55102

St. Paul, MN 55102 Phone: 612-617-2130

For Privacy Complaints:

Celeste Davis, Regional Manager Office for Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240 Chicago, IL 60601

Discrimination:

Compliance Officer 610 Florence Ave Owatonna, MN 55060 507-451-2630 Fax: 507-455-8133 Office of Ombudsman for Mental Health & Developmental Disabilities 121 7th Place E, Ste 420, Metro Square Bldg St. Paul, MN 55101-2117 Phone: (651) 757-1800 or 1-800-657-3506 Fax: 651-797-1950

Minnesota Board of Social Work 2829 University Ave SE #340 Minneapolis MN 55414 Phone: 612-617-2100

MN Board of Nursing 1210 Northland Drive Suite 120 Mendota Heights, MN 55120 Phone: Phone: 612-317-3000

Access to Care:

Minnesota Dept of Health Regulation Division PO Box 64900 St. Paul, MN 55164-0900 651-201-4101 Health.fpc-licensing@state.mn.us

SUD:

U.S. Attorney's Office U.S. Courthouse 300 S. 4th St Ste 600 Minneapolis MN 55415 (612) 664-5600

Department of Health, Office of Health Facilities Complaints

85 East Seventh Place, Suite 220 St. Paul, MN 55101 Phone: (651) 201-4201 Fax: (651) 281-9796 Mailing address: P.O. Box 64970 St. Paul, MN 55164-0970

Minnesota Board of Behavioral Health and Therapy 2829 University Ave SE #210 Minneapolis MN 55414 Phone: 612-548-2177

Minnesota Board of Psychology

2829 University Ave SE #320 Minneapolis MN 55414 Phone: 612-617-2230

Civil Rights Complaints:

U.S. Department of Health and Human Services 200 Independence Av SW Rm 509F, HHH Building Washington DC 20201 800-368-1019, 800-537-7697 (TDD)

Also SUD:

District of Minnesota U.S. Courthouse 316 N. Robert St. Ste 404 St. Paul MN 55101 (651) 848-1950