



STATE OF CONNECTICUT
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency
 DMHAS CLIENT GRIEVANCE PROCEDURE
Acknowledgement Form



Issued by the Client Rights Officer to the person submitting a grievance

To: _____
Person submitting the grievance

From: _____
Client Rights Officer

Provider: _____

I received your grievance on _____.

Your grievance should be addressed within twenty-one (21) calendar days or by _____.

Let me know which of the following dates and times are good for you and your authorized representative (if you have one) to talk about your complaints:

Dates and times: _____

Please call me as soon as possible if those dates and times are not good for you.

My phone number is: _____

A copy of the DMHAS Client Grievance Procedure Summary is included with this form

Client Rights Officer's signature

Date

If you need help, contact a state-wide advocacy organization

<i>Advocacy Unlimited: 1-800-573-6929, 860-505-7581</i>	<i>email: info@advocacyunlimited.org</i>
<i>Connecticut Legal Rights Project: 1-877-402-2299, 860-262-5030</i>	<i>email: info@clrp.org</i>
<i>Disability Rights Connecticut: 1-800-842-7303 860-297-4300</i>	<i>email: info@DisRightsCT.org</i>
TTY Relay 711	

This form is available in other languages and formats on request.

Confidentiality: DMHAS Client Grievance Procedure related documents contain confidential information protected by and they are maintained by the provider's Client Rights Officer.

Information on the DMHAS Client Grievance Procedure can be found at www.ct.gov/dmhas/crg or by contacting a statewide advocacy organization

DMHAS and other federally funded healthcare providers complies with federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability or sex (Affordable Care Act Section 1557).

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