



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

Advocacy Unlimited: 1-800-573-6929, 860-505-7581

email: info@advocacyunlimited.org

Connecticut Legal Rights Project: 1-877-402-2299, 860-262-5030

email: info@clrp.org

Disability Rights Connecticut: 1-800-842-7303 860-297-4300

email: info@DisRightsCT.org

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).

DMHAS Office of the Commissioner, 410 Capitol Ave. 4th Floor PO Box 341431, Hartford, Connecticut 06134
Voice: 860-418-7000, (TTY Relay 7-1-1) Fax: 860-418-6691