



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



Informal Resolution Decision Form

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

**FROM:** \_\_\_\_\_  
*Client Rights Officer*

**Provider:** \_\_\_\_\_  
*DMHAS operated or DMHAS funded provider*

**To:** \_\_\_\_\_  
*Person submitting the grievance*

**Please review the accompanying proposed Informal Resolution and return this form to me with your decision by \_\_\_\_\_.**

- You can accept the proposed resolution, which resolves your grievance.
- You can reject the proposed resolution and:
  1. I will submit a report to you and the CEO/designee of how I addressed your complaint(s).
  2. The CEO/designee will conduct a separate review of your grievance and issue a **Formal Decision** within twenty-one (21) calendar days of when I received your grievance unless an additional fifteen (15) calendar days is authorized in writing by the CEO or designee.
- Your grievance will be considered withdrawn if you do not submit your decision in ten (10) business days, unless you show good cause for the delay.

**Signed:** \_\_\_\_\_  
*CRO* \_\_\_\_\_  
*Date*

**DECISION**

- I accept the proposed Informal Resolution.
- I **DO NOT** accept the proposed Informal Resolution.
- I withdraw my grievance.

**Signed:** \_\_\_\_\_  
*Person submitting the grievance* \_\_\_\_\_  
*Date*

**This form is available in other languages and formats upon request.**

**Confidentiality:** DMHAS Client Grievance Procedure related documents contain confidential information protected by law 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](http://www.ct.gov/dmhas/crg) or by contacting a statewide advocacy organization or the DMHAS Office of the Commissioner, 410 Capitol Ave. 4<sup>th</sup> Floor PO Box 341431, Hartford, Connecticut 06134 Voice: 860-418-7000 , TTY relay: 7-1-1 Fax: 860-418-6691

*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).*