



SACRAMENTO REGIONAL OFFICE

1831 K Street
Sacramento, CA 95811
Tel: (916) 504-5800
TTY: (800) 719-5798
Toll Free: (800)776-5746
Fax: (916) 504-5901
www.disabilityrightsca.org

OFFICE OF CLIENTS' RIGHTS ADVOCACY

HOW TO FILE A GRIEVANCE

You may file a grievance if:

- You asked for help from OCRA but were told we could not help;
- You currently are getting help from OCRA but are unhappy with the help; or
- The help you were receiving ended and OCRA denied further help.

To file a grievance, please do the following:

Step 1: Disability Rights California Executive Director

You may file a grievance with Disability Rights California's Executive Director within 30 days of when OCRA made the decision you do not like.

You may file a grievance using the attached form, by writing your grievance on another piece of paper, or by calling Disability Rights California. Send your grievance to:

Executive Director Disability Rights California
1831 K Street
Sacramento, CA 95811
(916) 504-5800(collect calls accepted) or (800) 776-5746
Fax: (916) 504-5809
TTY: (916) 719-5798
E-mail: executivedirector@disabilityrightsca.org

The Executive Director will review your grievance and give you a written decision within 15 days. This timeline may be extended by mutual agreement.

Step 2: Disability Rights California Board of Directors

If you disagree with the Executive Director's decision, you may request a review by the Grievance Committee of Disability Rights California's Board Executive Committee within 30 days of the Executive Director's decision.

You may request a review by using the attached form, by writing your request on another piece of paper, or by calling Disability Rights California. Send your request to:

President, Board of Directors Disability Rights California
1831 K Street
Sacramento, CA 95811
(916) 504-5800 (collect calls accepted) or
(800) 776-5746
Fax: (916) 504-5809
TIY: (800) 719-5798
E-mail: board@disabilityrightsca.org

The Grievance Committee of Disability Rights California's Board Executive Committee will review your request and issue a written decision within 30 days. This timeline may be extended by mutual agreement. The Grievance Committee's decision is Disability Rights California's final decision. You may appeal the decision to the next level.

Step 3: Contract Representative Department of Developmental Services

If you are not satisfied with Disability Rights California's response to your grievance, you may seek review by the Contract Representative, Department of Developmental Services. This request must be made within 30 days of the receipt of the final decision from the Grievance Committee of Disability Rights California's Board Executive Committee. The Contract Representative will respond to the grievance within 45 days. This timeline may be extended by mutual agreement. The request to review by the Contract Representative may be made by writing to:

OCRA Contract Representative
Department of Developmental Services
Office of Human Rights and Advocacy Services
1600 Ninth Street, Room 240, MS 2-15
Sacramento, CA 95814
(916) 654-1888
TDD (916) 654-2054
FAX (916) 651-8210

Other Advocacy Services

If you need more help than your CRA could give you, you may receive additional assistance by calling:

- Disability Rights California - 1-800-776-5746
- Area Boards I through XIII – Look under the State of California in your telephone directory for the phone number of your local Area Board.

This grievance procedure complies with the requirements of Contract HD 06901OA-3, Exhibit A, Paragraph 12, entered into between the State Department of Developmental Services and Disability Rights California, Inc., for the establishment of the Office of Clients' Rights Advocacy, pursuant to Welfare and Institutions Code, Section 4433.

GRIEVANCE FORM

To file a grievance, you may use this form or any other piece of paper, or call (800) 776-5746 and ask any staff person to assist you. You may also call us on the TTY line at (800) 719-5798, send us a fax at (916) 504-5809, or send an e-mail to executivedirector@disabilityrightsca.org.

Your NAME: _____

Your ADDRESS: _____

Your daytime TELEPHONE NUMBER: _____

Your E-MAIL: _____

If you are helping someone file a grievance, their name is: _____

Please explain why you are filing a grievance: _____

What do you want the Office of Clients' Rights Advocacy to do differently?
