

**DEVELOPMENTAL SERVICES
GRIEVANCE FORM**

This is a form you can use when you want to file a **grievance**. You can file a grievance when you are not getting something you think you should get, or when the Department has made a decision about a service you are getting which you think is not right or unfair to you. The Department has a booklet which tells you more about the grievance process. You can ask for one from an ISC or case manager.

If you want to file a grievance, fill out the spaces below. You can give it to your ISC or case manager. Make sure you keep a copy!

Date: _____ **Region:** _____ **ISC/CCM:** _____

Your Name: _____

Address: _____

Telephone Number: _____

What is the problem?

What do you want to happen?

Your ISC or case manager must answer this within five days of receiving it - *that's the rule!* If you do not hear from the ISC within five days, please tell your advocate or send your grievance on to the Team Leader in your local DHHS office.

If you need help, you can call the Office of Advocacy at:

Aroostook 493-4129
Augusta 287-7189
Lewiston 795-4537 or 795-4538

Rockland 596-4363 or 1-800-704-8999
Portland 822-0321

Richard Estabrook, Chief Advocate 287-4228
Disability Rights Center 1-800-452-1948