This is a form you can use to file a grievance. If you have a complaint about services and supports from the Department of Health and Human Services (DHHS) or a provider, you can file a grievance. If your rights have been violated, you can file a grievance. Filing a grievance is a way to settle a disagreement.

More information on grievances is on the DHHS website: 
http://www.maine.gov/dhhs/oads/disability/ds/grievance/home.html. You can print this information or ask your case manager to print it for you.

If you want to file a grievance, you can fill in this form. You can give it to your case manager. Make sure you keep a copy!

**Date:**____________ _Case Manager:_____________________________________________

Your Name:______________________________________________________________

Address:______________________________________________________________________________

Telephone Number:_______________________________________________________________________

What is the problem?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What do you want to happen?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Your case manager must answer this within five days of receiving it. If you do not hear from the case manager within five days, you can send your grievance to the Program Administrator in your local DHHS office or tell an advocate.
If you want help filing a grievance, you can contact the Developmental Services advocate with the Disability Rights Center in your area:

**Cumberland and York Counties**  
c/o DHHS  
161 Marginal Way  
Portland, Me 04101  
Tel: 822-0321 or 1-800-269-5208  
TTY: Maine Relay 711

**Androscoggin, Franklin, Oxford Counties**  
c/o DHHS  
200 Main Street  
Lewiston, Me 04240  
Tel: 795-4538 or 1-800-482-7517  
TTY: Maine Relay 711

**Kennebec, Somerset, Knox, Lincoln, Sagadahoc and Waldo Counties**  
Disability Rights Center  
24 Stone Street  
Augusta, ME 04330  
Tel: 626-2774 or 1-800-452-1948  
TTY: Maine Relay 711

**Penobscot, Piscataquis, Hancock and Washington Counties**  
c/o DHHS  
396 Griffin Road  
Bangor, ME 04401  
Tel: 561-4113 or 1-800-432-7825  
TTY: Maine Relay 711

**Aroostook County**  
c/o DHHS  
PO Box 2007  
30 Skyway Drive, Unit 100  
Caribou, ME 04736  
Tel: 493-4129 or 1-800-432-7366  
TTY: Maine Relay 711