How to File a Grievance Against a Community Mental Health Provider

Includes Easy-to-Use Forms for Filing Level I and Level II Grievances

Level One Grievance

Name: __________________________
Phone Number: ____________________
Address: __________________________

Date of Grievance: ____________________
Urgent: ______ Not Urgent: ______

(See Level I Grievances for information about what makes a grievance “urgent”)

Location/Agency: ____________________
Date of Incident: ____________________

Describe the problem or rights violation:

Level Two Grievance

(Appeal of Level One)

If you disagree with the response to your Level I grievance, you have the right to appeal by submitting a Level II grievance.

You have 10 working days to file the appeal of your Level I grievance.

Name: __________________________
Date: __________________________
Date of Grievance You Are Appealing: ____________________

Name of the Person Who Responded to the Previous Grievance: ____________________

Explain why you disagree with the response you received to your Level I Grievance:

Disability Rights Maine is supported by grants from the Administration on Intellectual and Developmental Disabilities, the Center for Mental Health Services, the Rehabilitation Services Administration, the Social Security Administration, the Federal Communications Commission, the State of Maine, Acadia Hospital, the Maine Civil Legal Services Fund Commission, and private donations.

Disability Rights Maine is a 501(c)(3) corporation. Donations are tax deductible and gratefully accepted.

Disability Rights Maine
160 Capitol Street, Suite 4
Augusta, ME 04330

Phone: 800.452.1948 (V/TTY)
207.626.2774 (V/TTY)
Fax: 207.621.1419

advocate@drme.org

This brochure was developed in collaboration with Disability Rights Maine’s PAIMI Advisory Council.
THE GRIEVANCE PROCESS & YOUR RIGHTS

- You have the right to file a grievance both in and out of the hospital.
- A grievance is a formal written complaint that you can file when you believe that an agency, facility or program has violated your rights under the Consent Decree, The Rights of Recipients of Mental Health Services or any other applicable law or regulation.
- It is not your job to determine if your rights were violated.
- While an agency may have a grievance form, a grievance can be written on any paper, including the attached forms.
- You may not be retaliated against because you filed a grievance.
- All days in the timeframes below are working days and do not include weekends or holidays.
- When you file a grievance try to get a copy of it or write down the date and who you gave it to for your records.

LEVEL ONE GRIEVANCES

- This is the first level and where you start.
- A Level I grievance may be handed to staff who should give it to the supervisor of the agency.
- The agency has 5 working days to provide a written response to Level I grievances.

- The agency may ask for 5 more working days to respond. They must let you know in writing.
- An urgent grievance is only for those instances where if the grievance is not responded to immediately the issue you are grieving will have already happened and cause harm that can not be reversed.

LEVEL TWO GRIEVANCES

- If you disagree with the response, a Level II grievance may be filed within 10 working days of the day you received your response.
- Level II grievances must be responded to by the Chief Administrative Officer within 5 working days.
- The Administrator may ask you in writing for a 5 day extension to respond.

LEVEL THREE GRIEVANCES

- Level III grievances are an appeal of the decision from Level II and are sent to the Commissioner of the Maine Department of Health and Human Services.
- Level III grievances must be filed within 10 working days of the day you received the Level II decision.
- Level III grievances are required to have a hearing if you did not have one at Level II.

Explain why you disagree with the response you received to your Level I Grievance (continued):

Signature: __________________________
Date: __________________________

Mail Your Level II Grievance to:

Director, Office of Substance Abuse and Mental Health Services
Dept. Health & Human Services
11 State House Station
Augusta ME 04333-0011

Or Fax to:
207.287.9152