

## **Complaint Process**

### **Domestic Violence/Sexual Assault (DVSA) Program Services**

Domestic violence and sexual assault (DVSA) shelter and service programs are funded by the Oregon Department of Human Services (DHS) to help people in Oregon be safe, healthy and independent. Both DHS and these programs want the best for survivors of DVSA. If you have a problem with one of these programs, please take these steps first:

- Step 1. Talk or write to a staff person and/or director at the DVSA program. If that does not work, go to step 2.
- Step 2. Talk or write to the DVSA program executive director. If that does not work, go to step 3.
- Step 3. Talk or write to the DVSA program's board of directors.

Unless the DVSA program is breaking the law or the funding contract that DHS has with the DVSA program, the decision of the board of directors is final.

For support, please feel free to get in touch with the Domestic & Sexual Violence Fund Coordinator. (Ph: 503-945-6686 or email: [cheryl.l.oneill@state.or.us](mailto:cheryl.l.oneill@state.or.us) )  
We will problem solve with you, even if you do not want to file a formal complaint.

DHS can only act on contract violations. These may be problems with discrimination or safety. DHS cannot act on unsigned complaints or workplace problems.

You may make a formal complaint to the DHS-Domestic & Sexual Violence Fund Coordinator by filling out this complaint form in as much detail you want to or can.

After getting the written complaint, the Fund Coordinator will tell the DVSA program about the complaint and will check it out. The Coordinator will also tell DHS staff and the Department of Justice-Crime Victim's Services Division (because they work with DHS to fund DVSA programs.)

Complaints that DHS cannot do anything about will be shredded. However, we will do our best to contact you to discuss your concerns. As soon as possible, the Fund Coordinator will tell you and the DVSA program, in writing, what they find out.

## NOTICE OF COMPLAINT

**Complaints must be made within 90 days of the problem.**

Your Name:

\_\_\_\_\_

*(Print or Type)*

Your Address:

Your  
Home/Message  
Phone:

Your  
Work  
Phone:

DVSA Program  
Name:

DVSA Program  
Address:

DVSA Program  
Phone:

1. Please tell us about the problem. (Use as many pages as you like.)

2. Please tell us:

Date(s) the problem happened:

How the problem hurt you (if it did):

3. Names and how to reach any other people you want us to talk to:

4. What you want done about this problem.

---

Signature

Date

**Please mail to:**  
**Oregon Department of Human Services**  
**Child Protective Unit**  
**ATTN: Cheryl O’Neill**  
**500 Summer St. NE**  
**Salem, OR 97301**

**Email to:**  
**[cheryl.l.oneill@state.or.us](mailto:cheryl.l.oneill@state.or.us)**

**Call:**  
**503-945-6686**

**Website:**  
**<http://www.oregon.gov/DHS/abuse/domestic/providers.shtml>**