



**Office of Clients' Rights Advocacy**  
1831 K Street  
Sacramento, CA 95811  
Tel: (916) 504-5820  
TTY: (877) 669-6023  
Toll Free: (800) 390-7032  
Fax: (916) 504-5821  
[www.disabilityrightsca.org](http://www.disabilityrightsca.org)

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## **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](mailto: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 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  
TTY: (800) 719-5798  
E-mail: [board@disabilityrightsca.org](mailto:board@disabilityrightsca.org)

The Board Executive Committee will review your request and issue a written decision within 30 days. This timeline may be extended by mutual agreement. The Executive 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 Board of Directors of Disability Rights California. 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 069010A-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](mailto: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?  
\_\_\_\_\_  
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\_\_\_\_\_