



ADMINISTRATION
1831 K Street
Sacramento, CA 95811
Tel: (916) 504-5800
TTY: (800) 719-5798
Toll Free: (800)776-5746
Fax: (916) 504-5802
www.disabilityrightsca.org

**NOTICE TO INDIVIDUALS RE: DISABILITY RIGHTS CALIFORNIA
GRIEVANCE PROCEDURES**

HOW TO FILE A GRIEVANCE

You may file a grievance if:

- You asked for help from Disability Rights California but were told you could not get help;
- You currently are getting help from Disability Rights California but are unhappy with the help; or
- The help you were receiving ended and Disability Rights California denied further help.

To file a grievance you may do the following:

Step 1- (Optional) Discuss the Disagreement with the Disability Rights California Employee.

You may want to talk about the problem with the Disability Rights California staff person. You do not have to do this.

Step 2- Disability Rights California Executive Director

You may file a grievance with Disability Rights California's Executive Director within 30 days of when Disability Rights California made the decision you don't 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 95811-4114

Phone: 916-504-5800 (collect calls accepted) or (800) 776-5746

Fax: 916-504-5802

TTY: (800) 719-5798

E-mail: grievance@disabilityrightsca.org

The Executive Director will review your grievance and give you a written decision within 30 days unless the Director tells you that he/she needs more time.

Step 3- Disability Rights California Board of Directors

If you disagree with the Executive Director's decision, you may request a review by the Grievance Committee of Disability Rights California's Board of Director's 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 95811-4114

Phone: 916-504-5800 (collect calls accepted) or (800) 776-5746

Fax: 916-504-5802

TTY: (800) 719-5798

E-mail: board@disabilityrightsca.org

The Grievance Committee of the Board Executive Committee will review your request and issue a written decision within 30 days unless the Board President tells you that he/she needs more time. The Executive Committee's decision is Disability Rights California's final decision.

INDIVIDUAL GRIEVANCE FORM

To file a grievance you may use this form, write your grievance on another piece of paper or call (916) 504-5800 – collect calls are accepted, or (800) 776-5746, or using TTY at (800) 719-5798, and ask a Disability Rights California staff person to help you write your grievance. You may also send your grievance by fax at (916) 504-5809, or send an email to grievance@disabilityrightsca.org.

Your Name:

Your Address:

Your Daytime Telephone Number:

Your Email:

If you are helping someone file this grievance, their name:

Please explain why you are filing a grievance:

What do you want Disability Rights California to do differently?