If you and the Program Manager agree with the Client Rights Specialist’s report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.

You may file as many grievances as you want; however, the Client Rights Specialist will usually only work on one at a time. The Client Rights Specialist may ask you to rank them in order of importance.

**LEVEL I-B**

**Program Manager’s Decision**
If the grievance is not resolved by the Client Rights Specialist’s report, the Program Manager or designee shall prepare a written decision within 10 days of receipt of the Client Rights Specialist’s report. You will be given a copy of the decision.

**LEVEL II**

**County Level Review**
If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the Program Manager’s decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the Program Manager’s decision. You may ask the Program Manager to forward your grievance, or you may send it yourself.

The County Agency Director must issue his or her written decision within 30 days, after you request this appeal.

**LEVEL III**

**State Grievance Examiner**
If your grievance went through the county level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner.

If you are paying for your services from a private agency, you may appeal the Program Manager’s decision directly to the State Grievance Examiner.

You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the Program Manager to forward your grievance to the State Grievance Examiner, or you may send it yourself. The address is:

Wisconsin Department of Health Services
Client Rights Office
P.O. Box 7851
Madison, WI 54307-7851
(608) 286-9369

**LEVEL IV**

**Final State Review**
Any party has 14 days after receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services or designee. Send your request to:

DMHSAS Administrator
P.O. Box 7851
Madison, WI 54307-7851

You may talk with staff or contact your Client Rights Specialist, whose name is shown below, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

**Your Client Rights Specialist is:**
Jody Armagost
Oconto County Department of Health and Human Services
501 Park Avenue
Oconto, WI 54153-1612
(920) 834-7000

**Exceptions to this Grievance Procedure:**
1.) Recipients of BadgerCare, FoodShare, and Energy Assistance may request a fair hearing (Economic Support Division).

2.) Participants in the WIC and Birth to Three Programs may request a fair hearing (Public Health Division).
You may file a grievance if your health care needs have been violated. A copy of the grievance procedure is available upon request.

GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO COURTS

If you feel an employee has violated your rights, you are entitled to file a grievance. A copy of the grievance procedure is available upon request.

You must be provided access to the grievance procedure.

PERSONAL RIGHTS

If you feel your health care needs have been violated, you may file a grievance. You are entitled to file a grievance if your health care needs have been violated. A copy of the grievance procedure is available upon request.

TREATMENT AND RELATED RIGHTS

You may be asked to sign a document waiving your right to a copy of your medical record.

LEVEL LA

You are entitled to receive an explanation of your care.

PHARMACOLOGICAL TREATMENT

You may not be asked to sign a document waiving your right to a copy of your medical record.

You may be asked to sign a document waiving your right to a copy of your medical record.

TREATMENT AND RELATED RIGHTS

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PERSONAL RIGHTS

If you feel your health care needs have been violated, you may file a grievance. You are entitled to file a grievance if your health care needs have been violated. A copy of the grievance procedure is available upon request.