Notice to Individuals about Disability Rights Wisconsin's Grievance Procedures

Need this Notice and Individual Grievance form in a different language or as a fillable digital document? Visit the **Grievance Procedure** page on Disability Rights Wisconsin's website:

disabilityrightswi.org/about-us/contact-form/client-grievance-procedure

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You may file a grievance with Disability Rights Wisconsin if you are a person with a disability, or the legal representative for one, **AND** have made a request for individual advocacy assistance **AND**:

- you were told you could not get help from Disability Rights Wisconsin; **OR**
- you are getting help from Disability Rights Wisconsin now, but have a complaint about that help; **OR**
- the help from Disability Rights Wisconsin has ended and you have a complaint about it or you have been denied further help.

Grievance Process: To file a grievance, you may do the following:

Step 1 (optional): Discuss the Problem with the Supervisor of the Disability Rights Wisconsin employee.

You may want to talk about the problem with the supervisor of the Disability Rights Wisconsin staff person you are or were working with. Often, we are able to work something out informally once we understand the problem, but you do not have to do this step if you don't want to.

Step 2: File a Grievance with the Director of Advocacy Services.

Your grievance with the Director of Advocacy Services must be filed within 30 days of the decision or action that you do not like, unless you have a good reason why you couldn't meet that deadline.

You may complete your grievance by doing one of these things:

- Fill out the attached form; **OR**
- Write / type your grievance on another piece of paper. If you do not use the attached form, be sure to **date and sign the letter** and write "**Grievance about DRW Services – Director of Advocacy Services"** on the top of the letter; **OR**
- Call Disability Rights Wisconsin at 800-928-8778 or 608-267-0214 to have someone help you write it down. Let the person who answers the phone know right away that you want help to file a grievance.

Send your completed grievance by mail, fax, or e-mail to:

Mail: Grievances
Disability Rights Wisconsin
1502 West Broadway
Suite 201
Madison, Wisconsin 53713

Fax: 833-635-1968

E-mail: grievance@drwi.org

The Director of Advocacy Services will review your grievance and give you a written decision within 30 days of the receipt of the grievance unless the Director of Advocacy Services lets you know that more time is needed. The Director of Advocacy Services may contact you to ask questions or get more information if needed to resolve the issue.

Step 3: Ask for Review by Disability Rights Wisconsin's Executive Director

If you disagree with the decision of the Director of Advocacy Services, you may request a review by the Executive Director of Disability Rights Wisconsin within 30 days of the Director of Advocacy Services' decision.

You may request a Review by doing one of these things:

- Complete the attached form; **OR**
- Write/type your grievance on another piece of paper. If you do not use the attached form, be sure to **date and sign the letter** and write "**Grievance Review about DRW Services – Executive Director"** on the top of the letter; **OR**
- Call Disability Rights Wisconsin at 800-928-8778 or 608-267-0214 to have someone help you write it down. Let the person who answers the phone know right away that you want help to file a request for an Executive Director Review of a grievance decision.

Send your completed request for the Executive Director to review by mail, fax, or e-mail to:

Mail: Grievances
Disability Rights Wisconsin
1502 West Broadway
Suite 201
Madison, Wisconsin 53713

Fax: 833-635-1968

E-mail: grievance@drwi.org

The Executive Director will review your request and send you a written decision within **30 days** of receipt of the request unless the Executive Director lets you know that more time is needed. The Executive Director may contact you to ask questions or get more information if needed to resolve the issue.

Step 4: Request a Final Review from the Disability Rights Wisconsin Board of Directors Grievance Committee

If you disagree with the Executive Director's decision, you may request a review by Disability Rights Wisconsin's Board of Directors within **30 days** of the Executive Director's decision . The Board of Directors will determine whether DRW's policies and procedures were properly followed in decisions that were made. The review will take place at the next scheduled quarterly meeting of the Board of Directors following receipt of the request.

You may request a Board of Directors Review by doing one of these things:

- Complete the attached form; **OR**
- Write / type your grievance on another piece of paper. If you do not use the attached form, be sure to **date and sign the letter** and write "**Grievance about DRW Services – Board of Directors"** on the top of the letter; **OR**
- Call Disability Rights Wisconsin at 800-928-8778 or 608-267-0214 to have someone help you write it down. Let the person who answers the phone know right away that you want help to file a request for a Board of Directors Review of a grievance decision.

Send your completed request for the Board of Directors to review by mail, fax, or e-mail to:

Mail: Grievances
Disability Rights Wisconsin
1502 West Broadway
Suite 201
Madison, Wisconsin 53713

Fax: 833-635-1968

E-mail: grievance@drwi.org

When this request is received, DRW will confirm that your request has arrived, and you will be informed of the date of the next quarterly meeting of the Board of Directors. The Board of Directors will review your request to determine if DRW's policies and procedures were properly followed in coming to its decision. Reasonable efforts will be made to send you a written decision within 14 days after the Board meeting unless the Board of Directors lets you know that more time is needed. The Board of Directors may contact you to ask questions or get more information.

The Board of Directors' decision is Disability Rights Wisconsin's **final decision.**

Disability Rights Wisconsin Individual Grievance Form

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To file a grievance with Disability Rights Wisconsin, you may:

- use this form, **OR**
- write your grievance on another piece of paper, **OR**
- call (800) 928-8778 and ask that a DRW staff person help you write your grievance.

When you are finished, you will find information at the end of this form on how to submit your grievance.

This form is designed as a fillable PDF form. You can fill in the checkboxes and text boxes and send it to us. If you would rather write on the form, you can print it and fill it in.

Please check the stage of this request (required):

- ☐ Initial grievance to the Director of Advocacy Services
- ☐ Review of initial decision by Executive Director
- ☐ Review of Executive Director decision by the Disability Rights Wisconsin Board of Directors

First and Last Name (required): _____

Address (required): _____

Daytime Phone (optional): _____

E-mail (optional): _____

How would you like us to contact you? You may check more than one.

- ☐ letter through the mail
- ☐ telephone
- ☐ e-mail
- ☐ fax (provide a fax number): _____
- ☐ other: _____

If someone is helping you write this grievance, write their name here (optional):

Please explain the service you wanted or received from Disability Rights Wisconsin (required):

Please explain what happened and why you wish to file this grievance. (required)

If you have received an initial response from Disability Rights Wisconsin, please explain why you are disputing this determination. (required)

Are there other information or additional facts or something else that you would like to add? (optional)

What would fix the problem, or what would you like Disability Rights Wisconsin to do differently? (required)

Please sign and date below.

Note: If you are filling this form out electronically, many PDF readers have a "Fill and Sign" option for this purpose. If you are unable to sign this form electronically, you can type your name instead to represent your signature.

Signature: _____

Date: _____

You can submit this form one of the following ways:

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Disability Rights Wisconsin
1502 West Broadway
Suite 201
Madison, Wisconsin 53713

Fax: 833-635-1968

E-mail: grievance@drwi.org