



Subject: Procedures for Responding to Complaints about the Oregon Department of Justice, Crime Victim and Survivor Services Division and the programs that receive Oregon Department of Justice, Crime Victim and Survivor Services Division funding

Effective Date: January 2019

I. Purpose

The Oregon Department of Justice, Crime Victim and Survivor Services Division (DOJ/CVSSD), receives federal financial assistance and serves as the State Administering Agency (SAA) for the Victims of Crime Act (VOCA) funds and the Violence Against Women Act (VAWA) funds. DOJ/CVSSD also administers state funding through the Child Abuse Multidisciplinary Intervention Fund, the Criminal Fines Account, and the Oregon Domestic and Sexual Violence Services Fund. As a funding recipient and administrator, DOJ/CVSSD has a responsibility to ensure victims and survivors are appropriately served and have recourse to complain if concerns arise.

This policy establishes written procedures for DOJ/CVSSD employees to follow when they receive a complaint about DOJ/ CVSSD or about a DOJ/CVSSD subrecipient implementing funding administered by the SAA.

Please Note:

Complaints alleging employment discrimination by DOJ/CVSSD are covered by Oregon Department of Justice Policy 3-21.

Complaints alleging discrimination by DOJ/CVSSD or by a subrecipient are covered by the Procedures for Responding to Discrimination Complaints from Clients, Customers, Program Participants, or Consumers of the Oregon Department of Justice, Crime Victim and Survivor Services Division and the Oregon Department of Justice, Crime Victim and Survivor Services Division Subrecipients.

II. Policy

In using and administering state and federal grant funds, DOJ/CVSSD must have procedures in place to respond to complaints from clients, customers, program participants, or consumers of DOJ/CVSSD or of a subrecipient. At a minimum, DOJ/CVSSD will follow the complaint process detailed herein and will look into the complaint to evaluate the alleged behavior. If the complaint is in reference to a subrecipient, DOJ/CVSSD will evaluate the complaint to determine if there has been a violation of a program’s grant agreement. If a program is found in violation of a grant agreement provision, DOJ/CVSSD will work with the program to take corrective action to remedy the violation.



Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

If a complaint is in reference to an employee of DOJ/CVSSD, the complaint will be forwarded to the appropriate supervisor to evaluate and address within applicable personnel rules and procedures.

DOJ/CVSSD Fund Coordinators will inquire about and review subrecipient complaint procedures during subrecipient site reviews.

III. Definitions

For the purposes of this policy, the terms cited in this policy are defined as follows.

Complainant: The person or entity making a complaint about either DOJ/CVSSD or a DOJ/CVSSD subrecipient.

Complaint Coordinator: The individual designated by the Oregon Department of Justice, Crime Victim and Survivor Services Division to oversee this policy, listed at the end of this policy.

Fund Coordinator: The individual designated by the Oregon Department of Justice, Crime Victim and Survivor Services Division to oversee the distribution of funds to a subrecipient program.

Person: A client, customer, program participant, or consumer of DOJ/CVSSD or a DOJ/CVSSD subrecipient.

Subrecipient: An entity that expends grant funds received from the Oregon Department of Justice, Crime Victim and Survivor Services Division as the state administering agency (SAA) to perform all or a portion of the scope of work or objectives of the award received by the SAA.

IV. Complaint Procedures

A. Filing a Complaint

1. A person or entity who has a complaint against DOJ/CVSSD or a subrecipient of DOJ/CVSSD in the delivery of services or benefits, may file a written complaint with the Complaint Coordinator.
 - a. Written complaints must be submitted on the appropriate DOJ/CVSSD *Complaint* form which is attached as Appendix A and is available on the DOJ/CVSSD website.
 - i. If a written complaint is not submitted on the *Complaint* form, DOJ/CVSSD will provide the complainant a copy of the form to complete.
 - b. The Oregon confidentiality statute (ORS 147.600) provides an exception to confidentiality for Domestic Violence/Sexual Assault programs allowing them to share relevant information necessary for defense in an administrative action brought against them by or on behalf of a victim. However, DOJ/CVSSD would need a signed



Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

- release from the complainant in order to share information with the subrecipient program.
- c. If the complaint is about a subrecipient non-DV/SA program, the written complaint must be accompanied by signed releases of information from the complainant that allows DOJ/CVSSD to disclose information to and obtain information from the subrecipient program.
 - i. If Releases of Information are necessary, the Complaint Coordinator will discuss and explain the need for the releases of information and assist the complainant in understanding the scope of the releases. The forms are attached as Appendix B.
 - ii. If a complaint is made by an entity on behalf of a victim or survivor, and releases of information are required, the Complaint Coordinator must seek the signature of the victim or survivor in order to disclose information to or obtain information from the victim services program.
 - d. A complainant may file a complaint orally by contacting the Complaint Coordinator if they are unable to file a written complaint.
 - i. If the Complaint Coordinator takes a verbal complaint, they will complete the appropriate complaint form. Once completed, the Complaint Coordinator will review the information on the form with the complainant to ensure it is an accurate representation of the information provided by the complainant.
 - ii. In the event Release of Information forms are necessary, the Complaint Coordinator must seek the signature of the complainant on the forms.
2. The complaint should contain the following:
- a. The name, address, phone number and signature of the complainant, and authorized representative, as appropriate, filing the report;
 - b. The names of all parties involved, including witnesses;
 - c. A specific and detailed description of the conduct or action that the complainant is complaining about;
 - d. The location and date or time period in which the alleged conduct occurred; and
 - e. A description of the remedy the complainant desires.
3. A complaint should be submitted timely and as soon as possible after the event being complained about, preferably within 90 days of the event or discovery of the event.
4. An employee of DOJ/CVSSD, other than the Complaint Coordinator, who receives a complaint regarding DOJ/CVSSD or a subrecipient shall direct the complaint to the Complaint Coordinator within seven (7) calendar days of receiving the complaint.



Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

C. Processing the Complaint

1. If the complaint is about a subrecipient program, the Complaint Coordinator will forward the complaint to the appropriate Fund Coordinator to review and evaluate the complaint. The Fund Coordinator will:
 - a. communicate with the complainant within 15 days of receiving the complaint to inquire about the information contained therein and seek additional information if needed;
 - b. offer to problem-solve with the complainant about additional options for complaint;
 - c. inform the complainant that they will be talking with the subrecipient program and seek releases of information as needed;
 - i. all drafted releases of information must be pre-approved by the Grant Unit Manager or CVSSD Director.
 - d. as appropriate, work in collaboration with other agencies that fund the program to look into the complaint, obtaining an appropriate signed release of information from complainant as warranted.
 - e. contact both the complainant and the subrecipient program in writing upon completion of the review to explain the outcome.
2. If the complaint is regarding DOJ/CVSSD, the complaint will be forwarded to the appropriate unit manager to evaluate and address, taking into account any applicable personnel rules and procedures.
3. All complaints will be taken seriously and will be handled in a discreet manner.

D. Other Reporting Options

Nothing in this policy prevents a person from filing a complaint directly with the subrecipient program.

V. Training

DOJ/CVSSD shall provide periodic training on the procedures set forth in this policy to DOJ/CVSSD.

VI. Policy Notification

A copy of this policy will be provided to all DOJ/CVSSD employees. A copy of the policy will be included with the orientation materials provided to new DOJ/CVSSD employees.

A copy of this policy will be provided to all DOJ/CVSSD subrecipients. Information on the policy will be included in all Requests for Applications (RFAs) and will be posted on the DOJ/CVSSD website.

OREGON DEPARTMENT OF JUSTICE, CRIME VICTIM AND SURVIVOR SERVICES
DIVISION
COMPLAINT COORDINATOR CONTACT INFORMATION



Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

The current Complaint Coordinator is Kim Kennedy, Department of Justice, Crime Victim and Survivor Services Division

Mailing Address:

Department of Justice, Crime Victim and Survivor Services Division
Attn: Kim Kennedy, Complaint Coordinator
1162 Court Street NE
Salem, Oregon 97301

Office Telephone Number: 503-378-5348

Office Facsimile Number: 503-378-5738

E-mail Address: kim.kennedy@doj.oregon.gov



Oregon Department of Justice
Crime Victim and Survivor Services Division
Every victim, every crime, every right, every time.

Filing a Complaint About an Oregon Victim Services Program

The Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD) funds many victim services programs to support and serve crime victims and survivors in Oregon. CVSSD and these victim services programs want the best for victims and survivors.

If you wish to file a complaint about a victim services program, we encourage you to start by contacting that program directly and following their complaint process, but you are not required to work with the program that you have a complaint about. To find a program's contact information and to learn about their complaint process, look on the program's website or contact CVSSD for more information about that program.

For support, you can talk with the CVSSD Complaint Coordinator (Phone: 503-378-5348). We can work with you to help resolve problems, even if you do not file a formal complaint.

CVSSD can only act on complaints about grant agreement violations. These might be problems like discrimination or a program not providing appropriate services. We cannot act on workplace issues, like complaints about job scheduling, workplace conflicts, or wages and benefits.

To File a Formal Complaint

1. Fill out this complaint form in as much detail as you want to or can. **You must sign the form. CVSSD cannot act on unsigned complaints.**
2. **Complete and sign 2 release of information forms that are included in this packet.** The forms allow us to **release information** to the victim services program and to **receive information** from them. Both release forms are necessary. Some programs' confidentiality requirements do not allow them to talk with CVSSD without a signed release from you.

When we receive your complaint, we look into it. We share the information you have given us with the victim services program. We ask the program to share relevant information they have about your complaint with us. If the program receives victim services funds administered by another agency, we may work with the funding agency to look into the complaint.

There may be complaints that we can do nothing about. Even if this is the case, we will contact you to discuss your concerns. As soon as possible, CVSSD will tell you and the victim services program, in writing, about the outcome of your complaint.

Contact Us

Kim Kennedy, Complaint Coordinator
Crime Victim and Survivor Services Division
Oregon Department of Justice
1162 Court Street NE
Salem, OR 97301
Phone: 503-378-5348 or 1-800-503-7983
Fax: 503-378-5738
Email: kim.kennedy@doj.oregon.gov

Updated 2022



Notice of Complaint

Please tell us about your complaint using this form.

We recommend that complaints be made as soon as possible, preferably within 90 days of the problem.

Your Information

Your name:

A safe address:

City:

State:

ZIP:

A safe home/message phone:

A safe email address:

This form may contain your personal information. If you return the form by email, there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

Program You are Making the Complaint About

Victim services program name:

Victim services program address:

Victim services program phone:

About the Complaint

1. Please tell us about the problem. (Use as many pages as you like, or attach additional sheets.)

2. Please tell us:

Date(s) the problem happened:

How the problem hurt you, emotionally or physically (if it did):

3. Names and contact information for any other people you want us to talk to:

4. What you want done about this problem:

Signature

Complainant's signature:

Date:

This complaint is NOT VALID unless signed.

If this form has been completed by someone other than the person filing this complaint, please provide the name and agency of person completing the form below, and the date completed:

Name:

Agency:

Date:

Submitting the Complaint Form

Mail to:

Crime Victim and Survivor Services Division
Oregon Department of Justice
Attn: Kim Kennedy, Complaint Coordinator
1162 Court St NE
Salem, OR 97301

Fax to: 503-378-5738

Email to: kim.kennedy@doj.oregon.gov

This form may contain your personal information. If you return the form by email, there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

Call Us

503-378-5348 or 1-800-503-7983

| For CVSSD Use Only | |
|--|-------|
| Received by Complaint Coordinator (signature): | Date: |
| Date Complainant contacted: | |
| Date Complaint referred to Fund Coordinator: | |



Release of Information

From the Crime Victim and Survivor Services Division To a Program

Read First: Before you decide to let the Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD) share confidential information with another program, you should discuss it with CVSSD. We can help inform you about alternatives, potential risks, and potential benefits that could come from sharing your confidential information. If you decide you want CVSSD to release some of your confidential information, use this form to choose how information is shared, with whom, and for how long.

I understand that the Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD) has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow CVSSD to release some of my personal information to another program.

I, [Click to enter your name], authorize CVSSD to share the following specific information with:

| | |
|--|----------------------------|
| Who I want to receive my information: | Name: |
| | Specific office at agency: |
| | Phone number: |

The information may be shared: in person by phone by fax by mail by email

I understand that email is not confidential and can be intercepted and read by other people.

| | |
|---|---|
| What info about me will be shared: | List information as specifically as possible, such as name, dates of service, and document names. |
| Why I want my info shared (purpose): | List the purpose as specifically as possible, such as to receive benefits or to help CVSSD look into a complaint against the program. |

Please Note: There is a risk that a limited release of information can potentially allow others access to all of your confidential information held by the program.

I understand:

- I do not have to sign a release form. I do not have to allow CVSSD to share my information. Signing a release form is completely voluntary. This release is limited to information relevant to my complaint. If I want CVSSD to release information about me in the future, I will need to sign another written time-limited release.
- If I do not sign this release, CVSSD may be unable to look into my complaint.
- Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the program.
- CVSSD and I may not be able to control what happens to my information once it has been released to the listed program, and that the listed program may be required by law or practice to share it with others.

Expiration

| | | |
|---------------------------------|-------|-------|
| This release expires on: | Date: | Time: |
|---------------------------------|-------|-------|

Expiration should meet the needs of the victim, which is typically no more than 30–45 days, but may be shorter or longer.

Signature and Witness

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time, either orally or in writing.

| | | |
|----------|-------|-------|
| Signed: | Date: | Time: |
| Witness: | | |

Reaffirmation and Extension

If additional time is necessary to meet the purpose of this release, the release can be extended using this form.

I confirm that this release is still valid, and I would like to extend the release until:

| | | |
|------------------------|-----------|-----------|
| New expiration: | New date: | New time: |
|------------------------|-----------|-----------|

Extension Signature

| | | |
|----------|-------|-------|
| Signed: | Date: | Time: |
| Witness: | | |



Release of Information

From a Program To the Crime Victim and Survivor Services Division

Read First: Before you decide to let a program share your confidential information with the Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD), you should discuss it with CVSSD. We can help inform you about alternatives, potential risks, and potential benefits that could come from sharing your confidential information. If you decide you want the program to release some of your confidential information, use this form to choose how information is shared, with whom, and for how long.

I understand that [Click to enter program name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow this program to release some of my personal information to CVSSD.

I, [Click to enter your name], authorize [Click to enter program name] to share the following specific information with:

| | |
|--|--|
| Who I want to receive my information: | Name: |
| | Specific office at agency: Oregon Department of Justice Crime Victim and Survivor Services |
| | Phone number: 503-378-5348 |

The information may be shared: in person by phone by fax by mail by email

I understand that email is not confidential and can be intercepted and read by other people.

| | |
|---|---|
| What info about me will be shared: | List information as specifically as possible, such as name, dates of service, and document names. |
| Why I want my info shared (purpose): | List the purpose as specifically as possible, such as to receive benefits or to help CVSSD look into a complaint against the program. |

Please Note: There is a risk that a limited release of information can potentially allow others access to all of your confidential information held by the program.

I understand:

- I do not have to sign a release form. I do not have to allow the program to share my information. Signing a release form is completely voluntary. This release is limited to information relevant to my complaint. If I want the program to release information about me in the future, I will need to sign another written time-limited release.
- If I do not sign this release, CVSSD may be unable to look into my complaint.
- Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the program.
- The program and I may not be able to control what happens to my information once it has been released to CVSSD, and that CVSSD may be required by law or practice to share it with others.

Expiration

| | | |
|---------------------------------|-------|-------|
| This release expires on: | Date: | Time: |
|---------------------------------|-------|-------|

Expiration should meet the needs of the victim, which is typically no more than 30–45 days, but may be shorter or longer.

Signature and Witness

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time, either orally or in writing.

| | | |
|----------|-------|-------|
| Signed: | Date: | Time: |
| Witness: | | |

Reaffirmation and Extension

If additional time is necessary to meet the purpose of this release, the release can be extended using this form.

I confirm that this release is still valid, and I would like to extend the release until:

| | | |
|------------------------|-----------|-----------|
| New expiration: | New date: | New time: |
|------------------------|-----------|-----------|

Extension Signature

| | | |
|----------|-------|-------|
| Signed: | Date: | Time: |
| Witness: | | |