



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 investigate 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 investigate 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.

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Extension Signature

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