**Client Rights / Grievances Document**

**Client Rights:**

I understand my basic rights as a client. These rights include:

(List the specifics of your agency’s client rights policy)

**Grievance Policy:**

I understand that if I have a complaint/grievance, I should:

(List the specifics of your agency’s grievance policy)

­­­­\_\_\_\_\_ I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

**DWI Services, NC Mental Health/Developmental Disabilities/Substance Abuse Services**

Donna Brown - [donna.m.brown@dhhs.nc.gov](mailto:donna.m.brown@dhhs.nc.gov)

3008 Mail Service Center Raleigh, NC 27699-3008

Phone: 984-236-5256 Fax: 919-508-0963

**North Carolina Addictions Specialist Professional Practice Board**

<https://www.ncsappb.org/>

<https://www.ncsappb.org/ethical-complaint-form/>

Katie Gilmore, Associate Executive Director

[katie@recanc.com](mailto:katie@recanc.com)

P.O. Box 10126 Raleigh, NC 27605

**Disability Rights NC**

<http://www.disabilityrightsnc.org/>

[info@disabilityrightsnc.org](mailto:info@disabilityrightsnc.org)

3724 National Drive, Suite 100

Raleigh, NC 27612

(877) 235-4210 or (919) 856-2195

I certify that I have received a copy of this Client Rights/Grievance Policy

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature/Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_