

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, Justice Systems Innovations

NC Mental Health/Developmental Disabilities/Substance Abuse Services

Donna Brown donna.m.brown@dhhs.nc.gov

3008 Mail Service Center Raleigh, NC 27699-3008

Phone: 919-733-0566 Fax: 919-508-0963

North Carolina Substance Abuse Professional Practice Board

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

<http://www.ncsappb.org/wp-content/uploads/2012/11/complaints.pdf>

Katie Gilmore, Associate Executive Director

katie@recanc.com

P.O. Box 10126 Raleigh, NC 27605

Disability Rights NC

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

info@disabilityrightsn.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: _____