



**DISABILITY RIGHTS  
CONNECTICUT**  
Justice. Community. Inclusion.

# Disability Rights Connecticut

“Connecticut’s protection and advocacy system”

**75 Charter Oak Avenue, Suite 1-101  
Hartford, CT 06106**

## Client Grievance Procedure

### **STEP 1**

You have the option of filing either an informal grievance or a formal grievance.

**STEP 1: Informal Grievance option** – The informal option is an oral grievance offered as a way to quickly resolve an issue. If you choose this option, you must contact the appropriate supervisor within 30 days of the action you are grieving. An attempt to resolve the grievance will be made by the supervisor, the staff person, and you. This step may involve multiple communications over a period of time. If you do not know the appropriate supervisor, you may contact DRCT for that information. DRCT staff will direct you to the correct staff member. If the grievance cannot be resolved within 15 days after you first filed it, you have the option of going to Step 2.

**STEP 1: Formal Grievance option** - The formal grievance is a written grievance that generally takes more time for a response than the informal grievance. If you choose this option, you must file a written grievance within 30 days of the action you are grieving.

- You may use the organization’s Client Grievance Form to record your grievance, or write your own statement describing the action/decision you are grieving and what you would like the organization to do about it.
- The Step 1 written grievance must be filed with the appropriate supervisor. If you do not know who the appropriate supervisor is, you may contact DRCT and ask or simply send the written grievance addressed to “Supervisor.” The supervisor will respond to the written grievance within 15 days of receipt of your grievance.
- A written grievance should include your name, address, telephone number and email address if you have one. It should include a brief description of what happened and/or the basis of your complaint or disagreement with the response you received from the DRCT staff member involved. It should also include a statement about how the issue could be resolved.
- If you are not the client or applicant, include the client or applicant’s name, address and telephone number, an explanation of your legal authority to act on this person’s behalf, and a brief description of the grievance.
- You may submit evidence including memos, correspondence, interview notes, etc. in support of your grievance.
- Grievances should be addressed to: Disability Rights Connecticut, 75 Charter Oak Avenue, Suite 1-101, Hartford, CT, 06106.

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**(800) 842-7303 toll-free CT | (860) 297-4300 voice | (860) 509-4992 videophone  
(860) 296-0055 fax | Email: [Info@DisRightsCT.org](mailto:Info@DisRightsCT.org) | Online: [www.DisRightsCT.org](http://www.DisRightsCT.org)**



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- **If you are unable to file a grievance in writing due to your disability, please contact DRCT’s Executive Director at (800) 842-7303 (toll-free, voice/TTY), or (860) 297-4300 (voice) to request an accommodation.**

## **STEP 2:**

If you are not satisfied with the results in Step 1, you can appeal the Step 1 decision to the Executive Director within fifteen (15) days of the date of the supervisor’s decision in Step 1. At Step 2, grievances are addressed by the Executive Director or his/her designee.

- If you filed an informal grievance in Step 1 – Your appeal must be put in writing before it is submitted to the Executive Director. Please see requirements for a written grievance under the Formal Grievance section at Step 1, above.
- If you filed a formal grievance in Step 1 – Your grievance is already in writing and the Executive Director will use the original grievance form as your written statement.

To resolve the grievance, the Executive Director or his/her designee will attempt to contact you to discuss your grievance with you in person. This contact may be by telephone, by email or by letter. The Executive Director or designee will provide you with a written decision within fifteen (15) days from the receipt of the grievance unless, through discussion with you, it is agreed to allow additional time to resolve issues.

**The decision of the Executive Director, or designee, is DRCT’s final decision unless you are a client or client-applicant of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.**

## **STEP 3**

### **(Applies only to clients and client-applicants of the PAIMI program)**

If you are not satisfied with the DRCT Executive Director’s (or designee’s) decision, you have fifteen (15) days from the date of decision to contact the PAIMI Advisory Council to request an independent review. The PAIMI Advisory Council Chair or designee will appoint a committee consisting of the Chair (or a designee), one (1) other member of the PAIMI Council, and one (1) member of the DRCT Board of Directors. The written decision of the appointed committee will be sent to you within twenty (20) days of the receipt of the request for review.

**The decision of the independent committee is the final decision.**

### **ADDITIONAL INFORMATION:**

In addition to this grievance procedure, depending on the nature of your grievance, you may have a right to file a lawsuit or an administrative grievance against DRCT with a federal, state, or local civil rights enforcement agency. No person filing a grievance under this grievance procedure will be penalized with respect to receiving DRCT services.

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