

Sample:
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:

State Office of DWI Services

www.ncdhhs.gov/mhddsas/dwi
3008 Mail Service Center
Raleigh, NC 27699-3008
Ph: 919-733-0566 Fax: 919-508-0963
Lynn B. Jones – lynn.b.jones@dhhs.nc.gov
Jason Reynolds – jason.reynolds@dhhs.nc.gov
Donna Brown- donna.m.brown@dhhs.nc.gov
Marcie Blevins --marcie.blevins@dhh.nc.gov
Shenita Billups --shenita.billups@dhhs.nc.gov

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services

www.ncdhhs.gov/mhddsas
Advocacy and Customer Service Section: 919-715-3197
DHHS CARE-LINE: 1-800-662-7030 (Voice/Spanish)

North Carolina Substance Abuse Professional Practice Board

www.ncsappb.org
P.O. Box 10126 Raleigh, NC 27605
Ph: 919-832-0975 Fax: 919-833-5743
Barden Culbreth, Executive Director

Disability Rights NC

www.disabilityrightsn.org
2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608
(877) 235-4210 or (919) 856-2195
Email: info@disabilityrightsn.org

I certify that I have read and understand this Client Rights/Grievance Policy.

Client's Signature: _____ Date: _____

Counselor's Signature/Credential: _____ Date: _____