



STAKEHOLDER GRIEVANCE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH CLINICS
SFN 1164 (7-2025)

Applicable to all individuals receiving services from state-operated behavioral health clinics, the legal guardian of individual served, and authorized representatives of individuals served.

First Name and Last Name of Individual Receiving Services		Telephone Number	
Mailing Address	City	State	ZIP Code
Facility Name/Location Grievance is Regarding			
Describe the Concern in Detail			
I believe a proper resolution to my grievance would be			
Signature		Date	

Relationship to Individual Served:

☐ Self ☐ Legal Guardian ☐ Authorized Representative

- You may return your form to any staff at the behavioral health clinic upon completion.
- Once grievance form is received, clinic leadership will complete review and investigation.
- You will receive contact within 10 business days of when clinic leadership receives the grievance form to review response and determine resolution.
- If you do not feel resolution of your grievance with the behavioral health clinic is met, you can request a Level Two review.
- You will receive contact within 10 business days of when clinic leadership receives the request for a Level Two review. Clinic Leadership will review response and determination of resolution.
- **The determination from the Level Two review is considered final.**
- If you feel concerns regarding civil rights were not addressed, you may file a Civil Rights Complaint through the Department of Health and Human Services Legal Division.
 - A copy of the Civil Rights Complaint Form can be found online at <https://www.nd.gov/eforms/Doc/sfn00143.pdf>

Level One Response

Date Grievance Received	
Response After Review and Investigation	
Leadership Signature	Date
Title	

Stakeholder Response to Investigation Review

- ☐ I request a Level Two review of my grievance.
- ☐ I accept the response and resolution to my grievance.

Stakeholder Signature	Date Reviewed
<input type="checkbox"/> Review was not completed face to face, unable to obtain signature but received verbal response identified above	
Leadership Signature	

Level Two Response

Date Grievance Received	
Response After Review and Investigation	
Leadership Signature	Date
Title	Date Reviewed with Stakeholder