San Fernando Valley Office
9200 Oakdale Ave., Suite 100
Chatsworth, CA 91311
(818) 778-1900

Santa Clarita Valley Office
25360 Magic Mountain Parkway, Suite 150
Santa Clarita, CA 91355
(661) 775-8450

Antelope Valley Office
43210 Gingham Ave.
Lancaster, CA 93535
(661) 945-6761

Office Hours
8:30 a.m. - 5:00 p.m.
Monday through Friday

After Hours
We are on-call 24 hours
(818) 778-1900

www.nlacrc.org

Consumer Rights Complaint Process

Supporting People with Developmental Disabilities in the San Fernando, Santa Clarita and Antelope Valleys since 1974

Revised January 2020
Welfare and Institutions Code, Section 4731
Consumer Rights Complaint Process
Consumers and their families have a legal right to file a complaint if they feel their rights have been violated or unreasonably denied. Below is a step-by-step guide to filing complaints (see “How It Works”). Also included in this brochure is the law which provides for this complaint process. If you need more information on filing a complaint, please call the contract administrator at (818) 778-1900.

This is the law:  Section 4731. (a) Each consumer or any representative acting on behalf of any consumer or consumers, who believes that any right to which a consumer is entitled has been abused, punitively withheld, or improperly or unreasonably denied by a regional center, developmental center, or service provider, may pursue a complaint as provided in this section.

(b) Initial referral of any complaint taken pursuant to this section shall be to the director of the regional center from which the consumer receives case management services. If the consumer resides in a state developmental center, the complaint shall be made to the director of that state developmental center. The director shall, within 20 working days of receiving a complaint, investigate the complaint and send a written proposed resolution to the complainant and, if applicable, to the service provider. The written proposed resolution shall include a telephone number and mailing address for referring the proposed resolution in accordance with sub-division (c).

(c) If the complainant is not satisfied with the proposed resolution, the complainant may refer the complaint, in writing, to the Director of Developmental Services within 15 working days of receipt of the proposed resolution. The director shall, within 45 days of receiving a complaint, issue a written administrative decision and send a copy of the decision to the complainant, the director of the regional center or state developmental center, and the service provider, if applicable. If there is no referral to the department, the proposed resolution shall become effective on the 20th working day following receipt by the complainant.

(d) The department shall annually compile the number of complaints filed, by each regional center and state developmental center catchment area, the subject matter of each complaint, and a summary of each decision. Copies shall be made available to any person upon request.

How It Works
Instructions on how to file a complaint
1) A consumer or any representative acting on behalf of the consumer, sends a letter stating the complaint to the executive director of the regional center from which the consumer receives services. If the consumer lives in a developmental center, the letter should be sent to the director of the developmental center.

2) The executive director or his designee, investigates the complaint and sends a written proposed resolution within 20 working days.

3) If the complainant (consumer or representative of consumer) is not satisfied with the course of action or the proposed resolution, the complainant may refer the complaint in writing, within 15 working days of receipt of the proposed resolution, to:
Attn: Director
Department of Developmental Services
1600 Ninth Street, Suite 240, MS 215
Attn: OHRAS
Sacramento, California 95814
Tel: (916) 654-1888

4) The director of the department issues a decision within 45 days and mails a copy to the complainant, the director of the regional center or developmental center, and the service provider if applicable.
Date: ____________________________
Consumer’s Name: _______________________________________________________
Consumer’s Date of Birth: _______________  Phone Number:___________________
Consumer Address: _______________________________________________________

This complaint is against: __________________________________________________
 Regional Center   Developmental Center   Service Provider
If Service Provider, please specify program:
_________________________________________________________________________

Person filing the complaint (Please print):
 Consumer   Representative   Guardian
 Conservator   Parent   Service Provider
 Other (please specify): ____________________________________________________

Address and phone number of person filing the complaint (where proposed
resolution will be mailed):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Have you made this complaint to the person(s) who violated your rights? 
 Yes   No

Did he or she do anything after you complained?   Yes   No
If yes, what: _______________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Has any legal action been filed regarding this issue?   Yes   No

Is this the first time you have filed this complaint?   Yes   No

Date of incident: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Consumer’s Signature              Person filing the complaint for
consumer

Complaint: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If the complaint affects several consumers, file a separate complaint for each
person.

Remember, this process addresses complaints against a regional center, a
developmental center or service provider.

This complaint process is not for disagreements about the kind or amount of
services in your IPP. It is also not for complaints by service providers about
rates or audits. Contact the regional center to obtain information on these other
dispute resolution or appeal processes.
Remove this insert for future use. To file a complaint about a violation of your rights by the regional center, a developmental center or a service provider, complete this form, fold as shown, add postage and mail.

Attn: Executive Director

North Los Angeles County Regional Center
9200 Oakdale Ave., Suite 100
Chatsworth, CA 91311

Regional Center
Executive Director
(818) 778-1900

All complaints should be sent to the regional center executive director who will assure that the rights of each person with a developmental disability are guaranteed, protected and asserted as requested by or on behalf of any consumer. He will investigate and facilitate the resolution of complaints concerning any abuse, punitive withholding, or improper or unreasonable denial of any right, which is brought by or on behalf of any consumer.

(See address on last page)