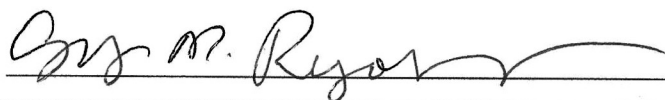


## Customer Service/Privacy Complaint or Report of Discrimination

For help completing this form, you may contact any DHS office.

<b>Please print clearly: Name of person with the complaint:</b> GREG M REYNOLDS			<b>Phone/TTY number:</b> <b>Email:</b> CORBETTGREG@COMCAST.NET		
<b>Mailing address:</b> PO BOX 333				<b>Date of birth:</b> 08/17/1973	
<b>City:</b> CORBETT	<b>State:</b> OR	<b>ZIP:</b> 97019-0333	<b>Last 4 digits of Social Security number:</b> XXX-XX-9915		
<b>Are you filing on behalf of someone else?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Your name:</b> _____			<b>Phone:</b> _____		
<b>Please mark the reason for your complaint (check all that apply):</b> <input checked="" type="checkbox"/> You did not receive good customer service; <input type="checkbox"/> You believe your personal information was not kept confidential; <input checked="" type="checkbox"/> You believe you were discriminated against because of: <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Sexual orientation* <input checked="" type="checkbox"/> Political beliefs** <input type="checkbox"/> Religion <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Race, color or national origin *Sexual orientation is protected by the State of Oregon, but not federal laws. **SNAP clients are protected against political belief discrimination.					
<b>Details of complaint: Who was involved?</b> LIBBY D MASCON, OSP, PPB AND OMBUDSMAN OFFICE			<b>When did the incident happen? Date/time:</b> BEGAN OCT 2023 AND STILL ONGOING		
<b>Location of complaint:</b> ONLINE					
<b>Please describe your complaint (if you need more space, attach additional paper):</b> I was discussing complaint, F-20047 regarding Portland Adventist Health and Dr. Perry-Rose, who happens to be endangering peoples' lives at the Oregon State Hospital. Ms. Mascon referred my current insurance company to me to resolve the claim, but Portland State University was my insurer and responsible party at the time. That whole story is here, <a href="http://www.reynoldsministries.org">www.reynoldsministries.org</a> , as is this complaint, all of the emails between Ms. Mascon and myself, as well as all of the voicemails left by OSP and PPB. If you want to know what threats are, just listen to the voicemails. I "feel" like a millionaire, but that doesnt make it so. And, Ms. Mascon and the State of Oregon are on the record as fully knowing that I am a "paranoid delusional schizophrenic" who doesnt know the difference between right and wrong. Isnt that the best part of what went on at Portland Adventist Health. Portland State University had a full release of information and in fact used that informatoin against me in an unconstitutional way. No we have PPB case 23- 271703 forever connecting us as is as well became part of my SSA disability file with witnesses.					
<b>What would you like DHS to do to resolve your complaint? What suggestions do you have?</b> I would like to DHS to complete its investigation. Evidence has been posted here, <a href="http://www.reynoldsministries.org">www.reynoldsministries.org</a> , 1000's of pages for public consumption. I demand that my rights be upheld. I want Portland Adventist Health and Dr. Perry-Rose to pay for the damages they caused, or at the very least, be recognized for it, its certainly left me disabled and I have suffered heart attacks because of the stress since.					

Signature:  \_\_\_\_\_

Date: 10November2023

### For DHS use only

Date received: \_\_\_\_\_ Received by (print name): \_\_\_\_\_

\*For **discrimination and privacy complaints**, send to Governor's Advocacy Office, address on page 1.

\*For **customer service complaints**, forward to the appropriate manager.

Distribution: Original - GAO; Copy - Client; Copy - Manager