**INSTRUCTIONS**

Use this form to document participant complaints. Report copies should be kept in an administrative file and not included in the participant’s chart.

For serious allegations or confirmed inappropriate staff behavior (including volunteers/interns) such as sexual relations with a participant, participant/staff boundary issues, financial exploitation of a participant, and/or physical or verbal abuse of a participant, complete the **Serious Incident Report** (SIR) Form as well. In lieu of completing items 1-2 of this form, attach a copy of the SIR.

|  |  |  |
| --- | --- | --- |
| Program Name: | Legal Entity: | |
| Name of complainant:  Anonymous complaint | Contact number of complainant: | |
| Date/Time Complaint Received: | Staff receiving complaint: | |
| Type of Program:  Outpatient  Case Management  Residential | | |
| Population Served:  Adult Perinatal  Youth  Drug Court  Other | | |
| DMC Certified?  Yes  No Receive SAPT Funding?  Yes  No | | |
| Program County Region Location:  Central North Central East South  North Inland North Coastal Out of County  Countywide | | Contracting Officer’s Representative  (COR): |

**Complaint type:**

Service not available/inaccessible  Staff issue/customer service (i.e. rude, inattentive, etc.)

Delayed services/referral/appointment  Denied services/referral/appointment

Coverage/enrollment/disenrollment issues (DMC)  Language barriers

Marketing/solicitation issues  Patient rights

Problems with payment to provider/affordability  Quality/appropriateness of care

Confidentiality

Other        Billing

1. **DESCRIPTION OF COMPLAINT:**

1. **PROGRAM RESPONSE TO COMPLAINT:**

Program Manager Name:       Program Manager Email:

Program Manager Phone:

Report Completed By:

Program Manager Signature: Date: