

**TERM PROVIDER COMPLAINT FORM
FOR USE BY PROFESSIONAL PARTNERS AND STAKEHOLDERS***

This form will be shared with the provider about whom the complaint is recorded

Please fill out this form with as much detail as possible. It can be completed on a computer or printed out and completed as a hard copy. Optum TERM staff may call you for additional information. The final disposition regarding this complaint will be shared with you, although the specifics will remain confidential.

Please forward the completed form to Optum TERM by:

Fax: 877-624-8376

Optum TERM Mailing Address: Optum TERM, PO Box 601340, San Diego, CA 92160-1340

NOTE: This form is not required for filing a complaint. However, the information below is needed for investigating the complaint. If provided now, Optum TERM will be able to complete the investigation more quickly.

INFORMATION ABOUT PERSON FILING THE COMPLAINT

Name: _____ **Telephone Number (with area code):** _____

Fax (with area code): _____ **E-mail:** _____

Complaining Party's Relationship to Client:

- Child Welfare Services Juvenile Probation Adult Probation Dependency Legal Group
- Juvenile Delinquency Branch, Public Defender's Office Alternate Public Defender's Office
- CWS County Counsel Private Attorney Community Mental Health Professional
- County Behavioral Health Services Judge Other - Please specify: _____

If CWS SW or Probation Officer is not the complaining party, please provide their name, if known:

Complaining Party's mailing address or County mail stop:

INFORMATION ABOUT THE CLIENT

Name: _____ **Date of Birth:** _____

Please check one or both, as indicated:

Services were provided as part of a Child Welfare case Juvenile Probation case

INFORMATION ABOUT PROVIDER

Provider's Name: _____ **Telephone Number:** _____

Agency (if applicable): _____

Supervisor's name and phone number, if known, if provider is unlicensed:

Are the concerns related to the provider's services as a (please check one or both, as applicable):

Therapist Evaluator

*NOTE: Youth and their families have a separate complaint form.

**TERM PROVIDER COMPLAINT FORM
FOR USE BY PROFESSIONAL PARTNERS AND STAKEHOLDERS***

This form will be shared with the provider about whom the complaint is recorded.

Please outline your concerns about the services that have been provided to this client. Add additional pages as necessary:

It is not necessary to try to resolve the concerns directly with the provider before submitting a complaint. However, it is helpful for Optum TERM to know if you already have tried to discuss the issues.

Have you spoken to the provider about these concerns? Yes No

If yes, please provide the date(s) of contact:

Briefly describe what you stated or faxed/mailed to the provider regarding your concerns and the provider's response:

If you have any documentation that would help in understanding your concerns, state what they are:

Do you think that Optum TERM already has this document? Yes No

If "No", please submit documentation with this form or explain HERE why you cannot share this information:

If there are other people (colleagues, family members) who can provide additional information and would be willing to share their information with Optum TERM, please provide their name(s) and phone number(s).

Name of person: _____ **Phone number:** _____

Name of person: _____ **Phone number:** _____

Complaining Party's Name (please print/write legibly): _____

Complaining Party's Signature: _____

Date: _____

The person submitting the complaint to Optum TERM will receive a faxed or e-mailed confirmation receipt from TERM within three working days.

*NOTE: Youth and their families have a separate complaint form.