**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: