

COMMUNITY COMPLAINT REPORT

PROGRAM NAME _____ DATE REPORTED _____

PROGRAM DISABILITY MH___ MR___ SA___ CORE SERVICE _____

SITE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

PERSON CALLING IN COMPLAINT _____

CLIENT

FIRST NAME _____ MI _____ LAST NAME _____

SSN _____ BIRTH DATE _____ GENDER ___M ___F ___U

RACE ___Black/African American ___American Indian ___Alaskan Native ___Other
___White/Caucasian ___Asian/Pacific Islander ___Unknown

STATUS ___Active ___Discharged Status Date _____

SURROGATE DECISION MAKER _____

Relationship ___Adult Son/Daughter ___Parent ___Spouse
___Legal Guardian/Attorney ___Relative ___Other

CLIENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

COMPLAINT

DATE _____	TIME _____	LOCATION _____	_____ # of Persons Involved
Complaint Category (circle only one category)			
Policy VAC 35-115-20	Assurance of Rights VAC 35-115-40	Restriction of Freedoms of Everyday Life VAC 35-115-100	Work VAC 35-115-120
Acquire & Dispose Property	Notice of Rights	Movement Within Service Setting, Grounds, Community	Labor As A Condition of Receiving Sevices
Sign Legal Documents	Access to Advocate	Private Communication	Equal Opportunity
Contractual Relationship Register & Vote	Dignity VAC 35-115-50	Have and Spend Money	Information, Training, Policies Upon Request
Marry, Separate, Divorce & Annul	Staff Actions Attitudes	Access to TV, Radio, Written Materials	Wages
Hold a License	Legal Name	Keep/Use Personal Clothing/Items	Selling To/ Purchase of Goods or Services
Commitment	Public Service/Benefit	To Use Recreation Facilities	Access To/ Correction of Records VAC 35-115-90
Guardianship	Private Communication	Enjoy Outdoors	Request to Inspect
Access To Lawyers & Courts	General Information RE: Services/Policies	Purchases From Canteen, Vending Machine, Stores	Assistance Reading
Buy & Sell	Clothing	Excessive/Unauthorized Restriction	Dispute Of Contents
Make A Will	Diet	Rules of Conduct	Confidentiality VAC 35-115-80
Other	Safe, Sanitary, Humane Physical Environment	Use of Seclusion, Restraint, Timeout VAC 35-115-110	Unauthorized Disclosure
Services VAC 35-115 -60	Religion	Punishment, Reprisal, Staff Convenience	Explanation of Confidentiality Rights
Discrimination	Mail; Writing Materials	Exceeds Time Limit	
Clinical; Medical Services & Treatment	Telephone & Assistance With Visitation	Monitoring	
Emergency Treatment	Research VAC 35-115-130	Staff Competency	Complaint & Fair Hearing 12 VAC 35-115-140/160/170/180
Service Plan Review/Update	Consent	Justification, Documentation, Assessment	Informal Complaint Process
Mental Evaluation Treatment Plans	Compliance With State/Federal Standards	Range of Motion, Exercise, Bathroom, Meals, Fluids	Formal Complaint Process
Appropriate Discharge Plan	Consultation/Review of Research Committee	Explanation to Client	Appeal Process
Request for Discharge	Notification To LHRC	LHRC Approval Of Behavioral Treatment Plans	
Refusal of Discharge		Participation in Decision Making VAC 35-115-70	
		Meaningful Participation	
		Preferences of Resident	
		Informed Consent Or	
		Objection To Consent	
		Substitute Consent	
		Emergency Treatment	
		ECT	
		Disclosure of Information	

COMMUNITY COMPLAINT REPORT

Description of Complaint/Relief Requested _____

Complaint Reported By

Relationship Advocate Staff Family Client Advocacy Group
 VOPA Anonymous Representative Friend/Peer Inspector General Other

First Name _____ MI _____ Last Name _____ Organization/Title _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

VIOLATOR

(Enter as many witnesses as necessary. Attach additional paper if necessary.)

First Name _____ MI _____ Last Name _____ Position _____

First Name _____ MI _____ Last Name _____ Position _____

First Name _____ MI _____ Last Name _____ Position _____

First Name _____ MI _____ Last Name _____ Position _____

WITNESS

(Enter as many witnesses as necessary. Attach additional paper if necessary.)

First Name _____ MI _____ Last Name _____

FINDINGS

Findings Violation No Violation

Date Client Notified _____ Date Surrogate Decision Make Notified _____

Resolution Complaint Withdrawn Consumer Discharged Consumer Satisfied
 Referral to LHRC Declined Appeal to LHRC No Action Required
 Other Appeal to Executive Director

Point of Resolution Below Director Director LHRC SHRC Commissioner

Date of Resolution _____ Unable to Notify

Notification Remarks _____

Responsible Advocate/CSB Contact _____

Case Status: Pending Closed Date Case Closed _____ Closed by Regional Advocate

Closed by: First Name _____ MI _____ Last Name _____