

Children's Mental Health Waiver Complaint Reporting Form

Individual Reporting the Complaint

Name:
Best way to Contact Individual:
□ Phone – NumberTimes of day
□ E-mail – Address
□ Postal Service – Address
Request for Anonymity Yes To Whom
□ No
Permission to share information with other agencies who investigate complaints ☐ Yes ☐ No
Course of Action Initiated by the Complainant
Spoken to anyone about the reported concern □ No
□ Yes Who
When
Their response
Anyone else who should be contacted about your concern (provider, family, friends, other witnesses) No
□ Yes Who
Contact Information
□ Complaint regarding <u>Youth Receiving Waiver Services</u>
Name of Youth:
Relationship of Complainant to Youth:
What happen?
When (date and time)?
Where?
What are your specific concerns?
How did you become aware of the situation?
Were you present when it happened or did you hear it from someone else? ☐ Present ☐ Someone lf someone else, who?

Any other information that would be helpful for the Waiver Program to know?

□ Complaint regarding <u>Waiver Service Provider</u>				
☐ Family Care Coordination				
☐ Family Training and Support				
☐ Individual Child Training and Support				
?				
c concerns?				
aware of the situation?				
en it happened or did you hear it from someone else? Present Someone else, who? youth that would be helpful for the Waiver Program to know?				
rding Waiver Component/Process				
rocess:				
concerns?				
nt:				
ge:				

Form #: WM-5

Additional Information:

Implementation Date: 7/1/06 Revision Date: 9/1/07

Complaint Investigation

Additional Contacts Made	□ N/A		
Individual	Date/Time	In	formation Obtained
Findings:			
3			
Recommendations:			
Recommendations.			
Signature:			Date:
Follow-up			

Signature: ______ Date:_____

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