

## Wyoming Healthcare Licensing and Surveys Healthcare Facility Complaint Form

<i>Complaint Number (Assigned by HLS):</i>	
<i>Level of Complaint (Assigned by HLS):</i>	

You may file a complaint at any time, but it is best to do so as soon as possible. Healthcare Licensing and Surveys will investigate all complaints related to resident rights, quality of care and life, abuse, and dietary and environmental concerns.

Note: Complaints related to billing and insurance concerns are not addressed by Healthcare Licensing and Surveys.

Provide as much of the following information as possible. Please note that your identity as the complainant is not revealed to the facility by Healthcare Licensing and Surveys (HLS). HLS **does accept** complaints from anonymous sources.

Your name:		Best time of day to contact you:	
Your mailing address:		City/State/Zip:	
Your telephone numbers:	Home: <input style="width: 100%;" type="text"/>	Work: <input style="width: 100%;" type="text"/>	Cell: <input style="width: 100%;" type="text"/>

Facility name:	Facility location (city):
----------------	---------------------------

Name(s) of resident/patient/client you are writing about:	
How are you related to, or how do you know the individual(s) listed above?	
Who you talked to and worked with in the facility:	
<p><b>What is the nature of the complaint</b> (who, what, when, where, and how). Include dates, times, names, places, and the people or staff members involved. If any other resident(s) has been affected, be sure to include his or her name.</p> <p>It is always better to include too much information than too little.</p>	<i>Attach an additional sheet(s), if necessary.</i>
If there are witnesses or other parties who wish to provide information about your complaint, include their names, addresses, and daytime telephone numbers so they can also be contacted.	

Additional comments, if any.	
------------------------------	--

**If you have provided your name and address above, you will receive a letter acknowledging receipt of your complaint and the HLS investigator assigned to your case will make an effort to contact you by telephone for additional information. At the completion of the investigation, you will again be contacted regarding the findings of the investigation.**

**Attach additional sheets, if necessary. Please do not e-mail this form.**

Submit this form by:

- (1) faxing to (307) 777-7127; or by
- (2) mailing to:  
Healthcare Licensing and Surveys  
Attn: Healthcare Facility Complaint  
6101 Yellowstone Rd, Ste 186C  
Cheyenne, WY 82002