

Telecare Corporation

Complaint / Grievance Form

Name : \_\_\_\_\_ Record # \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Reporter if other than above: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ [ ] check if ongoing practice

Names of person(s) involved, if known: \_\_\_\_\_

Describe the practice or incident. [ ] See attached **OR** describe below.

Explain why you think the practice or incident was improper: [ ] See attached **OR** describe below.

I certify that the information recorded here is true and accurate to the best of my knowledge.
I understand that in making this complaint, I will not be subjected to reprisal or retaliation.
I understand that I may expect a response within two working days for a SERVICE COMPLAINT.
I understand that I may expect a response within 30 days for a PRIVACY VIOLATION COMPLAINT.

Name or Title of Person(s) involved \_\_\_\_\_

Signature of Resident or Legal Representative \_\_\_\_\_

Date \_\_\_\_\_

For Facility Use Only:

Date Received \_\_\_\_\_ Time Received: \_\_\_\_\_

Report Received: [ ] In Person [ ] Telephone [ ] Fax [ ] Email [ ] Mail

Name and Title of Staff Member Receiving Complaint \_\_\_\_\_

Date \_\_\_\_\_

PRIVACY VIOLATION

SERVICE Complaint

Administrator / Designee \_\_\_\_\_

Date: \_\_\_\_\_

COMPLAINT RESPONSE FORM

Complaint Form 022803

Key:

Resident = Patient = Client = Member = Individual=Partner

Facility = Program

Note: All information addresses HIPAA. State / County / Authority laws / Most restrictive regulations apply

Telecare Corporation

- Response to a Service Complaint expected within 2 (two) working days
- Response to a Privacy Complaint expected within 30 (thirty) working days

Summary of Investigation:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Response:**

Date of incident: \_\_\_\_\_ Date of Response: \_\_\_\_\_ Time: \_\_\_\_\_

Respondent: \_\_\_\_\_

Method of Response:  In Person  Telephone  Fax  Email  Mail

**Detail of Response:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---