

# TB/HIV/STD SECTION COMPLAINT INTAKE FORM

Section A	<b>COMPLAINANT INFORMATION</b>				
	If the complainant desires to remain anonymous, DO NOT write the name of the complainant or any identifying information on this form.				
	<input type="checkbox"/> <b>Anonymous (check if yes)</b>				
	Complainant's Name:		Address:		
	Phone:		City:		
	Alt Phone:		State:		Zip:
	Fax:		Email:		
	Agency Affiliation:				
	<b>ADDITIONAL COMPLAINANTS OR PERSONS AFFECTED</b>				
	Complete this section if the complaint affects additional persons or persons other than the original complainant.				
	Name:		Address:		
	Phone:	City:	State:	Zip:	
	Name:		Address:		
	Phone:	City:	State:	Zip:	
	Name:		Address:		
Phone:	City:	State:	Zip:		

Section B	<b>RESPONDENT INFORMATION</b>				
	Identifies the person or agency against who the complaint is being filed.				
	Person's Name:		Address:		
	Agency's Name:		City:		
	Phone:		State:		Zip:
	Alt Phone:		Located in Public Health Region:		

Section C	<b>EMPLOYEE INFORMATION</b>		
	Identifies the employee who received the complaint and is completing the intake form.		
	Employee's Name:		Date Complaint Received:
	Phone:		Date Form Completed:
	Program:		Complaint received via:

Section D	<b>TYPE OF ALLEGATION</b>		
	Please check ALL that apply.		
	Immediate Threat to Client Health or Safety:	<input type="checkbox"/> Yes ►	Title of Triage member contacted:
	Unlawful Wrongdoing:	<input type="checkbox"/> Yes ►	What is the alleged violation of law:
	Denial of Services:	<input type="checkbox"/> Yes ►	What service category:
	Dissatisfied with Services:	<input type="checkbox"/> Yes ►	What service category:
	Lack of Access to Services:	<input type="checkbox"/> Yes ►	What service category:
Other (specify):			

**COMPLAINT NARRATIVE AS STATED BY COMPLAINANT**

Write the narrative using the complainant's words.

What if any, is the resulting impact(s) on health, service, or safety?

What is the action or resolution the complainant is seeking?

Section E

Has the complainant contacted the agency or person involved?	<input type="checkbox"/> Yes ►	Date of contact:		Name of staff contacted:	
	<input type="checkbox"/> No ►	Would they be willing to contact them?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the complainant previously contacted any DSHS employee about this problem?	<input type="checkbox"/> Yes ►	Date of contact:		Name of staff contacted:	
	<input type="checkbox"/> No				
Is the complainant willing to put the complaint in writing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we use the information provided by the complainant to investigate and resolve the problem?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we use the complainant's name in the investigation and resolution?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the complainant want to receive an acknowledgement letter?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the preferred method for contacting the complainant in the future?					



<b>Section H</b>	<b>COMPLAINT FINDING(S)</b>			
	Was the complaint as alleged in Section D and explained in Section E validated by the investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unable to determine
	Has a violation of a contract held between DSHS and an individual or agency occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Did the investigation uncover any additional threats to client health and/or safety, violations, wrongdoings, or barriers to access? (Describe the additional findings in the summary below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Please summarize the findings of the investigation:			
	Date complainant was notified of resolution of complaint (mm/dd/yyyy):			
	Based on the investigation findings, are any changes to DSHS or respondent agency recommended? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain below)			
Explain what changes are recommended:				

<b>Section I</b>	<b>COMPLAINT RESOLUTION</b>		
	Will DSHS initiate an action based upon findings in Section H?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the action or solution sought by the complainant in Section E be part of the DSHS resolution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will DSHS initiate contract sanctions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Describe the actions DSHS will take and any expected outcomes:		

<b>Section J</b>	<b>SIGNATURE OF SECTION LEAD INVESTIGATOR</b>	
	Signature of the Bureau's lead investigator for this complaint.	
	Name: (Please Print)	
	Signature:	
	Date:	

<b>Section K</b>	<b>SIGNATURE OF TRIAGE COMMITTEE MEMBER OR SECTION DIRECTOR</b>	
	Signature of the person with authority to close this complaint.	
	Name: (Please Print)	
	Signature:	
	Date:	