HIV/STD SECTION COMPLAINT INTAKE FORM

Section A

COMPLAINANT INFORMATION

If the complainant desires to remain anonymous, DO NOT write the name of the complainant or any identifying information on this form.

☐ Anonymous (check if yes)

Complainant's Name:		Address:			
Phone:		City:			
Alt Phone:		State:		Zip:	
Fax:		Email:			
Agency Affiliation:					

ADDITIONAL COMPLAINANTS OR PERSONS AFFECTED

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

RESPONDENT INFORMATION

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

EMPLOYEE INFORMATION

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

TYPE OF ALLEGATION

Please check ALL that apply.

Immediate Threat to Client Health or Safety:	☐ Yes ▶	Title of Triage member contacted:	
Unlawful Wrongdoing:	☐ Yes ▶	What is the alleged violation of law:	
Denial of Services:	☐ Yes ▶	What service category:	
Dissatisfied with Services:	☐ Yes ▶	What service category:	
Lack of Access to Services:	☐ Yes ▶	What service category:	
Other (specify):			

Section E

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?

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

FOR TRIAGE COMMITTEE USE ONLY

Section F

INTRA-AGENCY COMPLAINT COORDINATION

☐ *Intra-Agency Coordination of this complaint is REQUIRED* ◄	If the box to the left is checked, the person assigned to this complaint is required to coordinate activities with the DSHS office listed in this section.
Section D indicates an unlawful wrongdoing related to:	
This complaint is within the scope of the DSHS HIV/STD Section to investigate:	☐ Yes ☐ No
Name(s) of agency/DSHS program(s) with whom coordination of complaint must occur:	
Name of the staff member who is assigned the responsibility for making the contact with the DSHS program office listed above:	
Contact with the coordinating office was made on (mm/dd/yyyy):	

Section G

COMPLAINT INVESTIGATION

Narrative of activities conducted during the investigation process including persons contacted in regard to this complaint.

Section H

COMPLAINT FINDING(S)

Was the complaint as alleged in Section D and explained in Section E validated by the investigation?	☐ Yes	☐ No	☐ Unable to determine
Has a violation of a contract held between DSHS and an individual or agency occurred?	☐ Yes	☐ 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)	☐ Yes	☐ 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?
☐ NO ☐ YES (If yes, explain below)

Explain what changes are recommended:

Section I

COMPLAINT RESOLUTION

Will DSHS initiate an action based upon findings in Section H?	☐ Yes	☐ No
Will the action or solution sought by the complainant in Section E be part of the DSHS resolution?	☐ Yes	☐ No
Will DSHS initiate contract sanctions?	☐ Yes	☐ No

Describe the actions DSHS will take and any expected outcomes:

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

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