

FORMAL COMPLAINT SUBMISSION FORM

The purpose of this form is to file a complaint with the Philadelphia Department of Behavioral Health and Intellectual disAbilities Services (DBHIDS). The scope of the complaints covered includes issues brought forth by those participating in services from a behavioral health provider or behavioral health program funded by Philadelphia County and contracted with DBHIDS, the eligible individual (EI), is resolved. Covered issues also include complaints from providers contracted with DBHIDS and EI regarding DBHIDS processes and services received from DBHIDS employees.

If the information provided indicates child abuse or injury to self or others, DBHIDS will be required to report that information to the appropriate authorities.

Q1. I prefer to remain anonymous

Yes. I acknowledge that by remaining anonymous I will not be made aware of the outcome of the investigation, and this will be considered a "quality of service concern."
I also acknowledge that if I remain anonymous, I cannot receive the findings of the complaint investigation and the resolution. The resolution may include a corrective action plan or performance improvement plan for the provider when applicable. (Skip Q2 and continue to Q4)

No.

Q2. Name of individual completing the complaint form

First Name

Last Name

Q3. Demographic information of the person filing the complaint

Date of Birth (mm/dd/yyyy)

Home address (Street, City, State, Zip Code)

Phone number

Email address

Q4. Are you filing the complaint for yourself or someone else?

Myself (Continue to Q10)

Someone else

Q5. Please specify who you are filing the complaint on behalf of (select one)

Minor Child (Under age 18) (Continue to Q6 and 6A)

Adult Child (Over age 18) (Continue to Q7, Q7A, and Q7B **or** Q7C)

Spouse (Continue to Q8, Q8A, and Q8B **or** Q8C)

Other (Specify Relationship) (Continue to Q9, Q9A, and Q9B **or** Q9C)

I prefer for the person I am filing on behalf of to remain anonymous. I acknowledge that if I do not specify the name and date of birth of the individual. I am filing the complaint on behalf of I will not be made aware of the outcome of the complaint investigation and this will be considered a "quality of service concern."
(Continue to Q10)

Q6. Demographic Information of the Minor Child

First Name of the Minor Child

Last Name of the Minor Child

Date of Birth (mm/dd/yyyy) of the Minor Child

Q6a. What is the name of the Minor Child Legal Guardian? *(Answer and then continue to Q10)*

First Name of the Legal Guardian of the Minor Child

Last Name of the Legal Guardian of the Minor Child

Q7. Demographic Information of the Adult Child

First Name of the Adult Child

Last Name of the Adult Child

Date of Birth (mm/dd/yyyy) of the Adult Child

Q7a. Does the Adult Child have a Legal Guardian or Personal Representative? *(select one)*

Legal Guardian

Personal Representative

Not Applicable

Q7b. Legal Guardian Information for the Adult Child *(Answer and then continue to Q10)*

First Name of the Legal Guardian

Last Name of the Legal Guardian

-- OR --

Q7c. Personal Representative Information for the Adult Child *(Answer and then continue to Q10)*

First Name of the Personal Representative

Last Name of the Personal Representative

Q8. Demographic Information of the Spouse

First Name of the Spouse

Last Name of the Spouse

Date of Birth (mm/dd/yyyy) of the Spouse

Q8a. Does the Spouse have a Legal Guardian or Personal Representative? (Select one)

Legal Guardian

Personal Representative

Not Applicable

Q8b. Legal Guardian Information for the Spouse *(Answer and then continue to Q10)*

First Name of the Legal Guardian

Last Name of the Legal Guardian

-- OR --

Q8c. Personal Representative Information for the Spouse *(Answer and then continue to Q10)*

First Name of the Personal Representative

Last Name of the Personal Representative

Q9. Demographic Information of Other (Specify Relationship)

First Name

Last Name

Date of Birth (mm/dd/yyyy) of the Spouse

Q9a. Does the XXXX have a Legal Guardian or Personal Representative? (Select one)

Legal Guardian

Personal Representative

Not Applicable

Q9b. Legal Guardian Information for the OTHER XXXX *(Answer and then continue to Q10)*

First Name of the Legal Guardian

Last Name of the Legal Guardian

-- OR --

Q9c. Personal Representative Information for the OTHER XXXX *(Answer and then continue to Q10)*

First Name of the Personal Representative

Last Name of the Personal Representative

Q10. When did the incident(s) occur? Date

Q11. Where did the incident(s) occur?

Name of Location

Address (Street, City, State, Zip Code)

I acknowledge that I provided the specific name and location of where the incident happened. I also acknowledge that if I do not provide the specific name and location of where the incident happened, and I chose to remain anonymous DBHIDS will not be able to

- 1) follow up to gather additional information *and*
- 2) to investigate the "quality of service concern."

Q12. Complaint Summary

Please describe what happened, provide as much detail as possible.

Q13. This is the first time I file a complaint about this matter.

Yes

No