|  |  |  |  |
| --- | --- | --- | --- |
| Date Received:       | Time received:       (*24 hour*) | Received By:        | Method of Contact:  |
| **COMPLAINANT INFORMATION** |
| [ ] Anonymity Requested |
|  Complainant Name: Last:       | First:       | Complainant County:       |
| Complainant Relationship:   | Complainant Phone:       |
| Consumer name (if not complainant) Last:       | First:       |
| Consumer Age Group  |
| **NATURE OF COMPLAINT/CATEGORY** |
| Ombuds Notified: [ ] YES [ ]  NO  | Date of the Event:       |
| Brief description of the Complaint:        |
| ALLEGATION1:  | ALLEGATION2:  | ALLEGATION3:  | ALLEGATION4:  |
| ALLEGATION5:  | ALLEGATION6:  | ALLEGATION7:  | ALLEGATION8:  |
| Directed At:   | Provider Agency:      |
| Priority Level:   | DSHS Constitute Relations? [ ] YES [ ] NO |
|  | Status:  |
| **Follow up action taken:**  |
| **RESOLUTION** |
| Entities Notified/Referred |
| [ ]  Law enforcement notified[ ]  Regional Administrator[ ]  APS notified[ ]  CPS notified | [ ]  Medicaid Control Fraud Unit[ ]  Department of Health[ ]  Agency grievance process[ ]  US Attorney (42 CFR) | [ ]  Regional Support Network[ ]  None[ ]  Other:      **Date of referral:**       |
| Consent form needed? [ ]  YES [ ]  NO | Date Consent form sent:       |
| Investigated? [ ]  YES [ ]  NO | Investigative Actions Taken:  |
| ALLEGATION1:  | ALLEGATION2:  | ALLEGATION3:  | ALLEGATION4:  |
| ALLEGATION5:  | ALLEGATION6:  | ALLEGATION7:  | ALLEGATION8:  |
| Resolved? [ ]  YES [ ]  NO | Date CLOSED       |