

**DASA CONSUMER COMPLAINT FORM**

- 1. Date: \_\_\_\_\_
- 2. Complainant Name: \_\_\_\_\_
- 3. Address: \_\_\_\_\_  
\_\_\_\_\_
- 4. Phone #(s): \_\_\_\_\_
- 5. Do you request anonymity? Yes  No  (Note: Per Public Disclosure law, some items may be required to be disclosed.)
- 6. Do you want to be contacted about the outcome of DASA activity on this issue? Yes  No
- 7. What is your relationship to the subject of the complaint? (e.g., patient/parent, employee, referent)  
\_\_\_\_\_

- 8. Complaint is about a:  Non-certified Agency  DASA-certified Agency.

Agency Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_

- 9. Is the complaint about agency personnel? Check all that apply:

- Chemical Dependency Professional - Name  
\_\_\_\_\_
- Other Clinical Staff - Name/Title  
\_\_\_\_\_
- Agency Administrative Staff - Name/Title  
\_\_\_\_\_

Complaint: Describe, Who was involved? What happened? When did it happen? Where did it happen? Why did it happen? How did it happen? Have any actions been taken in response to the incident/complaint in an attempt to resolve the issue? Is there a need for assistance or additional services to be provided to patients impacted by the incident/complaint? (Use additional pages as necessary)

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After completing the information above, forward this form to:

DASA Certification Section, Complaint Manager

PO Box 45330, Olympia, WA 98504-5330

FAX: (360) 438-8057

E-Mail: [moorhre@dshs.wa.gov](mailto:moorhre@dshs.wa.gov).

Call DASA Toll Free at 1-877-301-4557, if you have questions.

**For DASA Use**

**The following information is to be completed by the DASA Complaint Manager**

**Resolution:**

- Complainant was referred to:**  Agency Grievance Procedure  DOH Professional Licensing  
 DOH Residential Services  Insurance Commissioner  Police/Prosecutor's Office  
 U.S. Attorney (42CFR)  DASA Regional Administrator  Other describe \_\_\_\_\_
- More information needed:**  from complainant  from subject  from Other \_\_\_\_\_  
 by on-site investigation - assigned to: \_\_\_\_\_, DASA Certification Specialist - Date \_\_\_\_\_
- Investigation completed:**  Allegations not confirmed  Some or all allegations confirmed  
See Note to Agency file or Survey Report dated \_\_\_\_\_.

DASA Complaint/Incident Number \_\_\_\_\_ Date entered in Complaint Log \_\_\_\_\_ By \_\_\_\_\_