

Region V Child REACH Complaint Form

Please submit to: The Region V Child REACH Supervisor, 1000 Commercial Lane, Suffolk, VA 23434.

Complaint Questionnaire

*The information requested on this form will help us to help you. Filing with our agency does not preclude you from filing a concern with the State or Local Human Rights Committee or other regulatory authorities. **Please be specific in your response and indicate the month, day, and year of the alleged discriminatory actions.***

Complainant’s Date of Birth (mm/dd/yyyy):_____

First Name:_____ M.I.:_____ Last Name:_____

Street Address:_____

Mailing Address (if different):_____

City:_____ State:_____ Zip:_____

Primary Telephone Number:_____

Secondary Telephone Number:_____

If you are making this complaint on behalf of someone other than yourself, please indicate the individual’s name for whom you are making the complaint:

Person to Contact if you cannot be reached:_____

Address:_____

Telephone:_____

Complaint:

Please describe in your own words the specific complaint you would like to see addressed. Be as specific as you can, including the time and date of any actions you feel were improper and the names of any individuals that you spoke with from the Child REACH Program (you may attach a separate sheet if necessary).

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Who else have you contacted regarding this complaint?

What remedy are you seeking?

I understand that by returning this completed questionnaire to your office, I have filed an official complaint with the Region V Child REACH Program. I understand that I can expect a response to my complaint according to the Region V Child REACH complaint process which can be found at: <http://www.wtcsb.org/our-services/id-dd-childrens-crisis>.

Complainant's Signature _____ Date _____

All questions below this line should be completed by Region V Child REACH Staff Only

Received On: _____ Received By: _____

Steps Taken to Resolve the Complaint: _____

Complaint Resolution: _____

Resolution Date: _____

Region V Child REACH Complaint Process

It is the policy of Western Tidewater Community Services Board, on behalf of The Region V Child REACH Program, to maintain a formal complaint process in compliance with the Office of Human Rights and the Child REACH Standards. Translators, interpreters, and readers who meet the communication needs of the complainant may be provided during the complaint process. Complainants are permitted to have a representative of their choice to represent their interests during the complaint process.

The process for filing a complaint follows:

A. The persons involved will attempt to discuss and resolve the issue informally. If the complaint is resolved, no further action is required. If it is not resolved, continue to Step B.

B. Filing a Complaint

1. A patient, family member, or provider may call, write, or present in person to the Region V Child REACH Supervisor, WTCSB Quality Assurance Director, or designated person the alleged complaint. An electronic copy of the complaint will be forwarded to the Department of Behavioral Health and Developmental Services to the attention of the Director of Community Support Services for tracking purposes. The Regional Advocate will also be notified the complaint exists.
2. The Region V Child REACH Supervisor, WTCSB Quality Assurance Director, or designated person will review the complaint and make initial contact with the complainant within 48 hours of receipt.

B. Investigation of Complaint

1. The Child REACH Supervisor, WTCSB Quality Assurance Director, or designated person will facilitate the investigation of the complaint.
2. If the complaint cannot be resolved in 5 working days, WTCSB will begin a formal investigation on behalf of the Region V Child REACH Program.

C. Response to Complaint

1. A resolution will be presented to the complainant within 10 working days of initial receipt of the complaint. If the resolution is accepted, the case is closed. A copy of the complaint and resolution will be kept on file by the WTCSB Quality Assurance Director.
2. If no resolution is agreed upon, the complainant may respond to WTCSB in writing within 5 working days of receipt of the decision/plan. If the complainant does not respond within 5 working days, the complaint will be considered resolved and closed.
3. If the complainant disagrees and responds in writing within 5 working days, WTCSB will investigate further and will make a final decision regarding the complaint. WTCSB will give you, your representative, and the Regional Advocate a written copy of the final decision and/or action plan within 5 working days. The notice will provide you with information on how to contact the Regional Advocate, the time frame, and a statement that if you do not contact the Regional Advocate, the complaint will be closed.
4. If the final plan is not agreed upon by the complainant or their representative, the complainant may ask for a hearing with the Local Human Rights Committee (LHRC). The LHRC finding may be appealed to the State Human Rights Committee (SHRC). The SHRC findings and decision are final.

Region V Child REACH Complaint Process

If at any time an individual, family member, or provider feels that their rights have been violated they may contact the following individuals:

Sheila Reaves, Region V Child REACH Supervisor, (757)752-0648

Brandon Rodgers, Region V Child REACH Director, (757)419-9670

Cheryl Collier, WTCSB Quality Assurance Director, (757)255-7125

Heather Norton, DBHDS Director of Community Supports, (804)786-5850

Michele Ebright, DBHDS Behavioral Psychologist, (804)840-5012

Reginald Daye, Regional Human Rights Advocate, (757)253-7061