



Virginia Department of Health
Office of Licensure and Certification

Consumer Complaint Report

In addition to regulatory compliance inspections, the OLC investigates consumer complaints regarding the health care services received at the facilities and services it licenses or certifies: nursing facilities, inpatient and outpatient hospitals, abortion facilities, home care organizations, hospice programs, dialysis facilities, clinical laboratories, and managed care organizations. If the concerns relate to the provision of health care services, an investigation is conducted and complainants receive notice of the results of that investigation. If the concerns are not found to be a violation of applicable law or regulation, complainants are informed of available options. Please note that OLC's oversight authority does not extend to provider fees, charges or billing practices.

Please be as thorough as possible when completing this form.

You may complete this form electronically or by hand. Please print legibly when completing the form by hand. To send this form electronically, type the information directly on the form, save it to your hard drive, then email or fax the completed form to the OLC Complaint Unit. Completed forms can also be mailed to the Complaint Unit.

Section 1. Person Filling Out the Complaint Form

Name (First and last):

Address:

City:

State:

Zip Code:

Email address:

Work Telephone Number:
()

Home Telephone Number:
()

Cell Telephone Number:
()

Section 2. Provider or Facility Information

Provider or Facility Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Section 3. Patient Information

Patient Name (first and last):

Date of Birth: ___/___/___

Telephone Number: ()

Your relationship to the patient:

Is the patient still receiving services: No Yes Do not know



Virginia Department of Health
Office of Licensure and Certification

Consumer Complaint Report

Section 4. Complaint Information

Please write legibly. Provide pertinent information such as date, staff names and titles, names of witnesses, and the sequence of events surrounding your concern. Attach copies of documents related to your concerns (medical records, correspondence, contracts, and reports). You may attach additional pages to this form as needed.

**** Information regarding your report may be shared with the provider or facility ****

Section 5. Reporting of the Complaint

I. Have you notified the provider or facility of your concern: No Yes
If yes, please complete the items below.

A. Name and title of the staff person to whom the complaint was reported:

Name (first and last): _____

Title: _____

B. What was the provider or facility's response?

II. Did you report this complaint or incident to any other agency (e.g. Adult Protective Services, attorney, etc.)? No Yes
If yes, please complete the items below.

A. Name and title of the staff person to whom the complaint was reported:

Name (first and last): _____

Title: _____

B. What was the agency's response?



Virginia Department of Health
Office of Licensure and Certification

Consumer Complaint Report

<p>Please return completed report to:</p> <p>Complaint Unit Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Ste. 401 Henrico, VA 23233-1463</p> <p>Fax Number: 1-804-527-4503 Hot Line Number: 1-800-955-1819 Metro Richmond: (804) 367-2106</p> <p><u>OLC-Complaints@vdh.virginia.gov</u></p>	<p>Whenever the OLC conducts inspections and investigations in response to complaints received from the public, the identity of the complainant and the identity of any patient who is the subject of the complaint, or identified therein, shall be treated as confidential and shall not be open to inspection by members of the public. Identities of the complainant and patient who is the subject of the complaint shall be revealed only if a court order so requires. Nothing contained herein shall prevent the OLC, at its discretion, from disclosing to the facility or service provider the nature of the complaint or the identity of the patient who is the subject of the complaint. Nothing contained herein shall prevent the OLC or its employees from making reports under §63.2-1603 et. seq. of the Code of Virginia. (Ref. §32.1-127.1:03 of the Code of Virginia)</p> <p>I have read and understand the above.</p> <hr/> <p style="text-align: center;">Name Date</p>
--	--