

# HUMAN RIGHTS COMPLAINT

## To Facility Staff

Every individual has a right to seek resolution of his complaint and make a human rights complaint. Any individual or anyone acting on his behalf who thinks that a provider has violated any of his rights under these regulations may make a complaint and get help in making the complaint in accordance with Part V (12VAC35-115-150, et seq.) of this chapter. From 12VAC35-115-40.

## To Facility Director

Director of \_\_\_\_\_  
(Facility or Program)

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

Location: \_\_\_\_\_  
(Unit, Room Number, Etc.)

**I am filing the following Human Rights Complaint for resolution pursuant to 12VAC35-115-175. Human Rights Complaint Process.**

### Details of Complaint:

(Provide a summary of your complaint. Who is involved? What happened? When and where did it happen? You can attach additional pages if needed.)

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### My complaint is: (Select one)

This is a standard complaint. 12VAC35-115-175 requires the director (or designee) to meet with me within 24 hours of receipt of this complaint and to provide a written decision and action plan within 10 days.

This is an *EMERGENCY* complaint that requires immediate attention to avoid **SERIOUS** and/or **IRREPARABLE HARM**.

### My Complaint involves: (Select all that apply)

- Dignity  
12VAC35-115-20
- Restrictions on  
Freedoms  
12VAC35-115-100
- Confidentiality  
12VAC35-115-80

- Access to Records  
12VAC35-115-90
- Consent and  
Participation in  
Decision Making  
12VAC35-115-70

- Seclusion, Restraint,  
and Time Out  
12VAC35-115-110
- Abuse/Neglect  
12VAC35-115-30
- Other

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**I allege that the actions or failures to act I have described violated my human rights pursuant to the Human Rights Regulations 12VAC35-115-10, et. seq.**

**This is what I want you to do to resolve my complaint:**

(Explain what you would like the Director to do)

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**The Human Rights Regulations:** (Select one)

- Please provide me a copy of the Human Rights Regulations
- I do not want a copy of the Human Rights Regulations

\_\_\_\_\_, \_\_\_\_\_  
Signature Date

## For the Individual

After you have completed this form, please give it to hospital staff and ask them to make you a copy and to give the original to the facility director. If the facility fails to handle your complaint appropriately and in compliance with the Human Rights Regulations or you have additional questions, you can contact the disAbility Law Center of Virginia for more information or to request advocacy services.

disAbility Law Center of Virginia  
1512 Willow Lawn Drive  
Suite 100  
Richmond, Virginia 23230  
(804) 225-2042  
(800) 552-3962

