Complaint supplemental for agencies

Instructions for agencies filing complaints against personnel or another agency or entity:

One of the goals of the CCEU is to enhance patient care and to protect future patients and the public in general. Complaints cover a wide range of areas and each one will be given the necessary attention to make sure that it is properly and professionally handled. Your agency will be treated with respect and professionalism and we would ask for that in return.

This form will be filled out anytime the original complaint form is being submitted by an agency instead of a person. The complaint may be about one of your own personnel or it may be something that involves actions of another entity. Delays can be caused by a lack of information or missing detail so please be thorough and complete as many areas of this form as possible. Supporting documentation should be submitted with this complaint at the time of submission whenever possible. Many times an agency may have completed an internal investigation, even though we may start all over with interviews it would be very helpful to have the information from your investigation. We will begin the investigation by policy within 2 business days of receiving the complaint in our office. An Investigator will be assigned and your agency contacted.

On the original complaint there are areas that are left vague on purpose. In this supplemental report you will find detailed sections for witnesses and documents please take the time to get as much detail in there as possible. As an agency you should have much better access to this information than the general public. This will greatly speed up our ability to respond to this complaint, bringing everyone involved a quicker resolution.

Our investigators and staff look forward to working with you and your agency. Do not hesitate to contact the office if you have questions about our process. We ask you to be understanding to the fact that while an investigation is underway we may be reluctant to discuss many details or speculate as to the outcome until completed. This is to protect all parties and to assure that the investigation is thorough and that all the proper information is acquired, reviewed, and properly evaluated. Upon completion of the investigation the case along with recommendations will be forwarded to the director, it may take some time to get a decision on the repercussions. Depending on the case we may be delayed by reviews from the bureau medical director, attorneys, and administration. We will do everything to speed up the process to get closure as soon as possible for all those involved. Thank you for what you do and for taking the time to submit your complaint and documentation.
Supplemental report

Person or entity the complaint is about:_________________________________________________________

Agencies title or license acted under:___________________________________ License #________________________

Location where offense occurred:______________________________________________________________________

Date or cumulative dates of occurrence:_________________________________________________________________

Position or title of offender:_________________________________________________________________________

Immediate supervisor of offender:_____________________________________________________________________

Cumulative dates of employment if person: From________________________ To____________________________

Current status of employment if person:_________________________________________________________________

Name of agency director:_____________________________________________________________________________

Address:___________________________________________________________________________________________

Street City State Zip Code

Telephone:_________________________________________ Fax:____________________________

E-Mail Address:_____________________________________________________________________________________

Name and title of person filing this complaint:_________________________________________________________________

Name, title and mailing address of the records custodian:_____________________________________________________

Was a drug screen performed?:  Yes☐ No ☐

Type of screen:_____________________________________________________________________________________

Date and time of specimen:______________________________________________________________________________

Was chain of custody followed and where is it stored:_________________________________________________________________

Name and location of testing lab:_______________________________________________________________________

Name and title of person collecting specimen:_________________________________________________________________

List specific violations that you feel have been violated and warrant investigation:________________________________

_________________________________________________________________________________________________

Signature of Complainant: _________________________________________Date: ________________________
Identify, number and describe relevance of all documentation provided:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Signature of Complainant: ____________________________ Date: ____________________________
Previous disciplinary or counseling actions (if a person):

Date:____________________________________
Nature of the offense:________________________________________________________________________________
Action taken:________________________________________________________________________________________

Date:____________________________________
Nature of the offense:________________________________________________________________________________
Action taken:________________________________________________________________________________________

Witnesses:

Name:_____________________________________________________________________________________________
   First                      Middle                      Last
Home address:_____________________________________________________________________________________
   Street                      City                      State                    Zip Code
Telephone #s:________________________________________

Name:_____________________________________________________________________________________________
   First                      Middle                      Last
Home address:_____________________________________________________________________________________
   Street                      City                      State                    Zip Code
Telephone #s:________________________________________

Name:_____________________________________________________________________________________________
   First                      Middle                      Last
Home address:_____________________________________________________________________________________
   Street                      City                      State                    Zip Code
Telephone #s:________________________________________

Name:_____________________________________________________________________________________________
   First                      Middle                      Last
Home address:_____________________________________________________________________________________
   Street                      City                      State                    Zip Code
Telephone #s:________________________________________

Name:_____________________________________________________________________________________________
   First                      Middle                      Last
Home address:_____________________________________________________________________________________
   Street                      City                      State                    Zip Code
Telephone #s:________________________________________

Signature of Complainant: _________________________________Date: ______________________________