

**Local Behavioral Health Authority
Internal Tracking Complaint Report Form**

Date: _____ Time: _____ a.m. _____ p.m.

Name of Person Filing the Complaint: _____

Address: _____

Phone Number: _____ Email address: _____

Population: Adult C/A/TAY Psycho-Geriatric Foreign Born

Service Provider: _____

Instructions for completion of the form:

1. All complaints must be completed on the “Local Behavioral Health Authority Internal Tracking Complaint Report Form”.
The complaint form has the following sections that must be completed:
(a) Complaint Description
(b) LBHA Action Plan
(c) Outcome\Resolution
(d) Follow-up Plan(s)
2. Please type or print **LEGIBLY** in dark ink. DO NOT type or write outside the margins or on the back of any page of the form.
3. All sections should be filled out as completely as possible. If the information requested is not known, please write “Unknown”.
4. If documents are enclosed with the LBHA Internal Tracking Complaint Report Form, please assign a specific reference, such as, “See Attachment A, Page 1, Paragraph 1”.
5. To expedite the investigation of the complaint, please check for the name, address, and telephone number(s) of any witness(es) that were involved in the complaint.
6. In the description of the complaint, you should be specific, including dates and locations (*if applicable*).
7. The LBHA Internal Tracking Complaint Report Form should be submitted to the direct supervisor and/or LBHA Director.
8. If there are questions about the LBHA Internal Tracking Complaint Report Form, please contact the direct supervisor and/or LBHA Director.

COMPLAINT DESCRIPTION

LBHA ACTION PLAN

OUTCOME\RESOLUTION

FOLLOW-UP PLAN(S)

Maura J. Rossman, M.D., Health Officer

LOCAL BEHAVIORAL HEALTH AUTHORITY
INTERNAL TRACKING COMPLAINT REPORT FORM – ADDENDUM

Name of Person Filing the Complaint: _____

If applicable, date complaint resolution submitted to BHA: _____

LBHA Staff Name: _____ *(Include credentials)*

LBHA Staff Title: _____

01.04.2019