

Appendix A

CLIENT COMPLAINT FORM COMPLETION TIP SHEET

Section I. Intake

A. Complaint Information (Assure the client all personal information will be protected and no information will be shared without their approval)

1. Self-explanatory,
2. Self-explanatory,
3. Self-explanatory,
4. Self-explanatory,
5. Make sure to follow DCHHS policies regarding client contact
6. Self-explanatory,

B. Service Provider Subject to Complaint (Assure the client that federal law prohibits provider retaliation against the client, 544 U.S. 167, 173-74, 2005, [CFR § 482.13 Condition of participation: Patient's rights](#)) and they can remain anonymous).

1. See #7
2. Self-explanatory,
4. Self-explanatory,
5. Self-explanatory,
6. Self-explanatory,
7. If the complaint is about the agency in general, note it, but ask if there was a specific person who knew about the situation or is the person responsible for the complaint

(Contact the supervisor where this document will be stored in a shared drive and any required encryption as this document contains Protected Health Information (PHI)).

C. DCHHS Recipient of Complaint

1. Self-explanatory,
2. Self-explanatory,
3. Self-explanatory,
4. Self-explanatory,
5. Self-explanatory,
6. Self-explanatory,
7. Self-explanatory,
8. Caution the client about sending PHI in an email as per DSHS and DCHHS Policy and not using PHI in the subject line.

Appendix A

CLIENT COMPLAINT FORM COMPLETION TIP SHEET

Section II. Complaint Investigation

A. Complaint Details

1. Self-explanatory (required)
2. This is the date that an event occurred (required).
3. Self-explanatory,
4. See below: For all types of complaints, ask the client if they believe the infraction was deliberate and to provide the time, date, place, and the individual or groups involved. Document the number of incidents and/or the duration of the problem if it is ongoing.
 - a. Note the type of service or service denied, when services were started, and if the client was given any advance notice, or if this was part of a graduated process where the client violated a program rule, and denial of services was part of progressive discipline. See DSHS Policy: [530.002 Section Expectations and Provider Rights Regarding the Delivery of Client Service](#).
 - b. Note if the lack of services was an analogous situation related to denial of services and follow the guidance. If strictly access to services, obtain information regarding the barriers to service access, such as when it started, what the client has been doing, and if this was reported to the service provider.
 - c. Describe the actions that were reported and if it was known that a specific policy was violated. This may be apparent after reviewing the activities and consulting with a supervisor to determine what policy may have been violated. Do not tell the client a policy has been violated; collect the information and determine internally.
 - d. Refer to DSHS policy [Texas DSHS HIV/STD Program - HIV/STD Program Procedure 2016.01](#) to help identify if a DSHS policy was violated and for general guidance. Do not tell the client their rights may have been violated; only ask if they want to know. File a complaint with the Office of Civil Rights. See DCHHS Client Grievance Policy.
 - e. Note the date the [alleged discrimination](#) started, [the type of discrimination](#), the person who allegedly discriminated against the client, or if it is a specific organizational policy. See this link for the possible type & guidance below and
 - [Discrimination based on sex](#): An example is that a male client was subject to rude comments by staff as a domestic violence victim.
 - [Race](#): [See flyer](#); for example, a client is denied services because of race or color.*
 - [Color*](#); [See flyer](#).
 - [National origin](#):* [See flyer](#) & [What is national origin discrimination](#).
 - [HIV/AIDS](#): [See flyer on rights](#).
 - [Age](#).
 - [Disability](#): For example, a client is hearing or visually impaired, and the provider did not provide accommodations (Brail, sign language interpreters, also remember clients who access electronic information technology, i.e., telehealth will need accommodations or clinic or provider did not have ramps for wheelchairs.
 - [Limited English Proficiency \(LEP\)](#): The provider did not provide translation services, made the client arrange their own interpreter, or used a family member. Any agency that receives federal funds must provide translation services as per [Title VI](#) of the Civil Rights Act of 1964.

Note if this violates federal law or civil rights and if the client wants to file a complaint with the federal Office of Civil Rights. See DCHHS Client Grievance Policy.

Appendix A

CLIENT COMPLAINT FORM COMPLETION TIP SHEET

f. Describe the actions taken that were a violation of a DSHS procedure. For example, a medical provider not referring a female client for a pap smear when they do not provide the service. Note if the policy may have been violated based on the described events. You may need to contact DSHS about the policy that may have been violated. You will need to consult DSHS about this issue and obtain client consent to discuss it with DSHS; note if you will work together with DSHS or if they will take the lead. Discuss if DSHS wants a formal report on the outcome.

g. Collect the information per the [Texas Department of Family and Protective Services, Report Abuse, Neglect or Exploitation](#); [see the frequently asked questions](#). Do not tell the client that this could be elder abuse, as DFPS will make the determination. You will only be reporting this on their behalf as it is required by Texas Law.

h. Other (**If this is about specific clinical practice, recommend having the client report to the licensing board. See the DCHHS Client Grievance Policy**)

5. Description of complaint:

- Who was involved in the incident?
- What happened?
- When did it happen?
- Where did it happen?
- Provide the name and title and why you are investigating.
 - Provide accurate details of the incident and focus on facts.
 - Record conversations in exact words where possible.
 - Describe, as clearly as possible, exactly what the complaint is about.
 - Document exactly what happened.
 - Document the effects of each incident or the overall pattern of events.
- Record any consequences:
 - *Human/psychological consequences.* These may result from the incident leading to anxiety, emotional distress, and physical or mental health problems.
 - *Public health consequences;* a health threat from a single incident or an ongoing series; or long-term consequences of a single incident or an ongoing series
 - *Economic consequences.* In addition to financial losses caused directly by other consequences
- Research all necessary background information.
- Note the client's primary language and any disability or special needs.
- Document what the client would like done. **See Section III.**

6. Important if information needs to be shared with outside agencies and ensure confidentiality

7. (a) Any time a complaint is filed at a higher level, ensure that the client tries to report at the provider/agency level to allow them an opportunity to fix the issue, but it is not always required. Assessing this information does help identify if there are also issues with the agency's complaint process or if the agency followed its process (this might be the break in the system leading to the complaint).

(b) If the client declined to share their information, the reason for the refusal must be communicated to partner/upper echelon organizations, i.e., DSHS, HRSA, or OCR.

B. Mandatory Reporting; DFPS Information on Abuse of Elderly or Disabled Persons

1. Self-explanatory, but does require a bit of research if unfamiliar with the DFPS process, **see #5 or take advantage of [DFPS training](#), [user guide](#), and [guide to reporting adult abuse](#).**

Appendix A

CLIENT COMPLAINT FORM COMPLETION TIP SHEET

2. Never report online if the client is in immediate danger, and if they are, call 911, the local police, and then Texas Abuse Hotline.

3. Self-explanatory.

4. When reporting abuse online or via the hotline, the reporting person will be supplied a case number and should be documented

5. This will help when reporting to other agencies, i.e., DSHS, HRSA, and the client if necessary

6. Self-explanatory

C. DCHHS Staff Receiving the Complaint & Completed Form: This signature and date is only to document receipt and collection of information and does not mean the investigation is complete. This only documents the data collection process and should be signed and dated by a DCHHS staff member.

Section III. Complaint Resolution

1. Include what the client wants to be done, by whom, and by what date. This information should be gathered in the data collection process. Before documenting, summarize the complaint with the client to ensure that what the client wants to be done is communicated correctly. This can prevent an issue later should the client report that their outcome was not achieved.

2. Only if the client agrees (confidentiality/anonymity) and wants the agency to first work on fixing the reported issues.

3. Document a basic timeline for completion; ensure this is described to the client and that they agree with the timeline.

4. Self-explanatory

a. Needed for documentation and reporting and can identify if the reported agency addressed the complaint.

b. Compare the resolution to what the client requested. Be prepared to explain any deviations from the client's goal, and if applicable, note why the resolution differs from what the client requested.

c. Self-explanatory

d. Self-explanatory

e. As with item "4b", keeping the client in the loop on the progress of the investigation and resolution helps lessen client anxiety, communicates respect for the client, and is less likely to lead to the client complaining about the investigation process.

f. This needs to be part of the contingency plan. If an escalation is necessary, it is important to keep the client updated, as this can lengthen the timeline and alter their expectation of when the issue will be resolved. For example, the client was told the target date was six weeks, but now because of escalation, it might be eight weeks.

g. Self-explanatory

h. If the agency is not providing the client with regular updates and the complaint has not been resolved, DCHHS needs to contact the agency to determine why there are delays and update the client. If the resolution takes longer than what was conveyed to the client, it may cause anxiety and lead to complaints directed at DCHHS. If the agency cannot arrive at a resolution, then DCHHS may need to take over or escalate the complaint to the appropriate higher agency.

Appendix A

CLIENT COMPLAINT FORM COMPLETION TIP SHEET

i. As with item "4b", early identification of the resolution to meet the client's needs can prevent misunderstandings and negate what was expected versus what can be delivered due to resources, time, etc.

j. If escalation occurs, then it should be documented. Explain the next steps and a timeline and determine if the client wants to escalate the complaint independently or have DCHHS do this. If the client chooses to do this independently, ask if they would be willing to let the escalation agency update DCHHS on the outcome or if the client would be okay with updating DSHS so that the complaint can be closed out.

Section IV. Escalation

1. Self-explanatory
2. Self-explanatory
3. Determine which is the appropriate agency based on the type of complaint; see the links on the form
4. Self-explanatory
5. Self-explanatory
6. May need to get an agreement from the agency to report to DCHHS the date the complaint was resolved. It is recommended to request the client's approval when the escalation starts so DCHHS can find out if the issue was resolved, close out the complaint, and report back to management and DSHS.

Section V. Complaint Closeout

1. Self-explanatory
 - a. Electronic signatures are only possible using vendors like [DocuSign](#). If DCHHS does not have this platform, then this is not feasible; Refer to "1b".
 - b. Self-explanatory
2. Self-explanatory
3. See section II. A, regarding types of complaints that require reporting to DSHS. You may need to prepare a PHI-redacted report for DSHS. If the complaint needs to be reported, determine if a formal report is required.
4. Self-explanatory
5. Self-explanatory
6. Self-explanatory
7. Remember to follow DSHS Policy for Confidentiality and DCHHS Policy for storing documents with PHI.