

**Section I: Intake**  
**A. Complainant Information**

(1) Last Name:		(2) First Name:	
(3) Address:			
(4) City/State/Zip:			
<b>(5) Preferred method of contact: Check below and provide the information</b>			
___ Phone #: • Cell phone: _____ • Land line: _____ • May we leave a brief message? If yes, remember about PHI & DSHS Policy		___ Fax #: Remember program policy re faxes and PHI & DSHS Policy	___ Email: Do not use PHI in the topic line
(6) Complainant Status (Circle):			
Client		Employee	Other:

**Section I: Intake**  
**B: HIV/AIDS Service Provider Subject to Complaint**

(1) Name of HIV/AIDS Service Provider:		
(2) Address:		
(3) City/State/Zip:		
(4) Phone #:	(5) Fax #:	(6) Email:
(7) Complainant Status (Circle):		
Agency	Agency Employee:	Other:

**Section I: Intake**  
**C: DCHHS Recipient of Complaint**

(1) Last Name:		(2) First Name:	
(3) DCHHS Position:			
(4) Address: 2377 N. Stemmons Freeway, Suite 200			
(5) City/State/Zip: Dallas, TX, 75207			
(6) Phone #:		(7) Fax#:	(8) Email:

Notes:

## Section II: Complaint Investigation

### A. Complaint Details

(1) Date of Complaint: \_\_\_\_\_ (2) Date of injury/action causing complaint: \_\_\_\_\_

(3) Type of Intake Contact (Circle):  
In-person
Fax
Phone

(4) Type of complaint

- (4a) Denial of Services
- (4b) Lack of access to services
- (4c) DCHHS Policy/Procedure violation
- (4d) Confidentiality violation\*
- (4e) Discrimination allegation ([May need to direct the client to the federal Office of Civil Rights](#))\*

- [Discrimination on the basis of sex](#)
- [Race; see flyer](#)
- [Color; see flyer](#)
- [National origin, see flyer & What is national origin discrimination](#)
- [HIV/AIDS; see flyer on rights](#)
- [Age](#)
- [Disability](#)
- [Limited English Proficiency \(LEP\)](#)

(4f) Violation of DSHS policy/procedure ([May need to notify DSHS](#))

(4g) Client abuse (Disabled adult or person  $\geq$ 65; neglect, abuse, exploitation)  
[\(Need to notify Texas Department of Family and Protective Services to investigate\)](#)

(4h) Poor quality of care (May need to direct the client to the licensing board of the profession that is the source of complaint, for example, for medical care, it is the Texas Medical Board)

(4i) Other \_\_\_\_\_


**If more space is needed, go to page 5-Additional Complaint Information**

(6) Ask the client if DCHHS may use their name in conjunction with the resolution/remediation  Yes  No  
**In both cases, make sure this is documented.**

(7a) Did the complainant complete the focus agency's complaint process? Yes  No

(7b) If No, why? (make sure this is included if this needs to be reported to DSHS)

**Section II: Complaint Investigation**

**B. Mandatory Reporting [Complete only if there is an allegation of client abuse]**

(1) Did you inform the client that you must notify the [Texas Department of Family and Protective Services \(DFPS\)](#) about the allegation, (DFPS will follow up with the client after the report is filed; provide the client with a case number)?

Yes (selected 4g) (Make sure you go #10 after completing #8-9)

No (Not appropriate for DFPS): Go to Section III

(2) Did you have to report to DFPS via telephone? Yes No

(3) If Yes, with whom did you speak?

(4) What is the case number?

(5) Ask DFPS to notify DCHHS when the case is resolved

(6) If reporting was done online, what is the case number?

(If abuse reporting is done online, then DCHHS staff will need to create a user account)

**Section II: Complaint Investigation**

**C. DCHHS Staff Who Received Complaint & Completed Form**

Signature:

Date:

**Section III. Complaint Resolution**

(1) What does the client want to be done?

(2) Was the service provider for whom the complaint was filed provided a copy of the report so they could attempt to resolve the issue with the client? Yes No

(3) What is the timeline for completion?

(4) Was the complaint resolved? Yes No

(4a) If Yes, who resolved the issue?

(4b) What was the resolution?

(4c) If No, is DCHHS working on this? If Yes, DCHHS is still working on this, then hold off on completing the form.

(4d) If No, is the service provider working on this? If Yes, DCHHS must follow up on the status and inform the client.

(4e) If No, DCHHS has not resolved and note why; (update of the client is recommended)

(4f) If No, should this be escalated to another agency?

(4g) If Yes, go to Section IV

(4h) If No, the service provider has not resolved and note why; an update of the client is recommended)

(4h) Did the resolution meet the client's needs? Yes No

(4f) If Yes, move to close out in Section V

(4g) If the client says, "No, the resolution did not meet my needs, and they do not want it escalated to the next level, note the following steps below:

#### Section IV: Escalation

(1) Did the client note above that they were dissatisfied with the investigation's outcome and would report it to a higher-level agency? Yes No

(2) If No, document why the case needed to be elevated to the next level

(3) Organization complaint was elevated to:

\_\_\_ DSHS (violation of DSHS P&P)

\_\_\_ [Health and Human Services Facility Investigation](#) (acute health care facility regulated by the Texas Health and Human Services Commission has provided substandard care to its patients or clients)

\_\_\_ [US Department of Justice](#) (Alleged discrimination based on disability by a clinic or medical provider, public medical provider, or government program) \_\_\_ [Office of Civil Rights](#) (Alleged Violation of civil rights, violation of privacy, conscience/religious freedom, patient safety confidentiality)

\_\_\_ [Housing and Urban Development](#) (Alleged discrimination in housing)

Other:

(4) Date escalated to next level:

(5) Agency complaint was escalated to:

**Section V: Complaint Closeout**

**(1) Complaint signature indicating the case is resolved and will be closed out:**

**(1a) Client Signature**  
 (electronic signatures are allowable)

**Date**  
 Date:

(1b) Attestation statement by DCHHS: *I am attesting that the client verbally agreed that the complaint has been closed out to their satisfaction, and they cannot be present to sign this document. The client was informed he/she/him/they can revoke this via a written letter sent to DCHHS or by calling DCHHS.*

DCHHS Staff Signature

Date

**(2) DCHHS staff Signature indicating the case is resolved and will be closed out:**

DCHHS Staff Signature

Date

**(3) Does the complaint need to be reported to DSHS? Yes No**

**(4) If yes, ask the client if this information can be shared with DSHS (if requested by DSHS). Educate the client that this is allowable as per HIPAA. If No, let DSHS know when this is reported to them**

**(5) If this complaint needs to be reported to DSHS, with whom did you speak?**

**Section VI: Complaint Investigation Additional Space for multiple follow-up entries**

Date Contacted	Who Contacted	Purpose	Outcome