

CONSUMER COMPLAINT FORM

For Grievances Against Service Provider

Reason(s) for complaint (check all that apply):

- Denial of Service (See back for explanation)
- Substandard Service (See back for explanation)

Service/s in question: _____

Is the service funded by the Ryan White Program?

- Yes
- No
- Don't know

Consumer Information:

Consumer's Full Name: _____ Today's Date: _____

Street Address: _____ City: _____ Zip Code: _____

Home or Message Telephone Number: (Day) _____ (Night) _____

Agency(s) Involved: _____

How long have you received services from this agency (years/months) ? _____

Date of Incident: _____ Time of Incident (if applicable): _____

Names of all people involved: _____

Description of Incident and Suggested Solution:

Please describe what happened. *(Be as specific as possible. Attach additional sheets of paper if necessary.)*

Please indicate what action/s you believe would best address the issue. **(This section MUST be completed.)**

Permission for agency staff and/or Ryan White Program staff to contact consumer:

I have answered the above to the best of my knowledge and ability. I understand that the contact information provided above may be used by the agency staff and/or Ryan White Program staff to contact me.

Signed _____ Date: _____

Consumer/Client Signature

Assistance in preparing this form?

If you received assistance in preparing this form please include the name of the person who helped you prepare this form and their relationship to you.

Name of Person: _____ Relationship: _____

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Instructions for completing the front of this form.

Please completely fill out all areas of the form to the best of your ability and knowledge. Complaints by Consumers against Agencies may be filed for the following reasons only:

Grounds for Complaint

- **Denial of Service:** This means that even though the service is available and you are eligible to receive the service, the agency has told you that you cannot receive the service. This does not include times when an agency reduces services due to financial cutbacks.
- **Substandard Service:** This means that the agency is providing services that you believe do not meet the Standards set forth by the Inland Empire HIV Planning Council (IEHPC). (For a copy of these, please go to www.IEHPC.org .)

Service Information:

Service/s in question: Please indicate the service for which you are filing a complaint. For example - Medical Care, Food Services, Housing, Medical Case Management, Case Management (non-Medical), Pharmacy, Mental Health Services, Dental, Substance Abuse Treatment, Transportation, Home Health, etc.

Ryan White funded Service: Indicate, to the best of your knowledge, whether Ryan White funds are used to pay for the service/s in question. You may also request this information from the agency.

Consumer Information:

Please complete this section entirely. Incomplete information may delay the process.

Description of Incident and Suggested Solution:

Incident: To the best of your ability, please completely describe what happened. Include a description of the service you were asking for/receiving, why you have a complaint about the service, which and how many of the agency's staff were involved, and any other information that is related to what happened. You may attach a separate piece of paper if you need more space.

Action/s: Please describe what you want to see happen or what you would like the Agency to do concerning your complaint. **This section MUST be completed.** The Complaint Form will be returned to you for completion if this section has not been completed. This will delay the process.

Permission for Ryan White Grantee Staff to contact consumer:

Please sign and date this section to give the Ryan White Program staff, the Agency, and any other party essential to the Complaint Process, access to your contact information and permission to use the information solely for the purposes of contacting you regarding resolution of the complaint described in this form.

Assistance in Preparation:

If you received assistance from anyone in completing this form, please provide that person's information.

Submit Complaint Form:

- Mail the completed complaint form to the agency against which you are filing a complaint. The agency is required to respond to you with an outcome/resolution within **30 days** of receipt of this completed form.
- If you are not satisfied with the agency's response, you may submit your complaint along with the agency's response to the Ryan White Program office within **10 days** of receipt of the agency's response.
Ryan White Program: 351 North Mountain View Ave., San Bernardino CA, 92415-0010.