



**TANGRAM, INC.
COMPLAINT FORM**

Date completed: _____

Name of person filing complaint (please include relationship if not the individual involved in the complaint):

Relationship to individual, if applicable: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Daytime phone: _____ **Evening phone:** _____

Email: _____

Location of occurrence: _____

Name of individual on whose behalf the complaint is made:

Does your complaint involve any alleged or suspected discrimination?

Yes No

If so, based on what characteristic? Race Color National Origin

Does your complaint any alleged or suspected abuse, neglect or exploitation?

Yes No

Date(s) of incident:

Shift(s) when incident(s) occurred, if known:

Day Afternoon Night Overnight

Time(s): _____

Please describe the nature of your complaint (including all contributing factors that are causing the concern or issue):

Please list any other persons having information about the issue/concern identified in the complaint: _____

Please list any records that have been or should be examined: _____

Please list the name(s) of staff person(s) if violation involves action or lack of action by staff: _____

Please list any external parties to whom your complaint has also been sent (e.g., case manager, BQIS, BDDS Representative, other federal, state or local agency, federal, state or local court, APS/CPS, etc.): _____

Please verify the best contact method for you so that the investigator may get in touch with you regarding your complaint: _____

Please note that you will be contacted directly by the Director of Residential and Community Programs and/or the Director of Quality Improvement (or their designee) at the onset of the investigation, as well as at its conclusion, to inform you of the efforts involved to resolve your situation. If applicable, the Director of Quality Improvement will provide written notification regarding the actions to be taken to address the complaint. This written notification may be made via postmarked letter or email, depending on the preferences of the person making the complaint. For additional information about your rights and responsibilities when filing a complaint, or for additional information about Tangram’s Complaint and Problem Resolution procedures, please refer to Tangram’s Complaint and Problem Resolution policy.

Signature of Client or Client’s Legal Guardian

Date

Signature of Tangram’s Director of Quality Improvement

Date