

HOME HEALTH AGENCY COMPLAINT REPORT

- Completion of this form is voluntary.
- Providing the following information will assist the Division of Quality Assurance in reviewing your concerns and will be used for no other purpose.
- Complaint rights and procedures for a home health patient can be found on page 2 (reverse side) of this form.

1. HOME HEALTH AGENCY INFORMATION

Name - Home Health Agency

Address

City	State	Zip Code
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2. DESCRIPTION OF CONCERN

Please write clearly and be as specific as possible. (Attach additional sheets, if necessary.)

3. COMPLAINANT INFORMATION

Name - Complainant (LAST)	First	MI	Telephone Number
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Mailing or Street Address

City	State	Zip Code
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Do you want to remain anonymous? Yes No

COMPLAINT RIGHTS AND PROCEDURES FOR A HOME HEALTH PATIENT

Chapter 50.49 of the Wisconsin State Statutes authorizes the Department of Health and Family Services (DHFS) to establish rules governing the operation of a home health agency.

Wisconsin Administrative Code HFS 133.08(3), authorized by the above state statute, describes a home health agency patient's right to file a complaint with the department as follows:

HFS 133.08(3). At the same time that the statement of patient rights is distributed under sub. (2), the home health agency shall provide the patient or guardian with a statement, provided by the Department, setting forth the right to and procedure for registering a complaint with the Department.

The above statute and rule mean:

1. You have a right to complain directly to the Department of Health and Family Services.
2. The home health agency serving you must advise you of this right and must tell you how to go about filing a complaint.

Copies of the complaint statement and complaint form will be provided to each agency for distribution to each patient (1) prior to provision of any services and (2) at the conclusion of the service agreement.

If a patient or anyone representing the patient's interests has a concern with the patient's care and treatment or believes that the patient's rights have been violated and that the agency has not resolved these concerns, a complaint may be filed by writing to

**Bureau of Health Services
Division of Quality Assurance
PO Box 2969
Madison WI 53701-2969**

or by calling the

**Wisconsin Home Health Hotline
TOLL FREE 1-800-642-6552**

The toll free hotline operates a voice message system daily, 24 hours a day. Calls received during the evening, weekends, or holidays are returned the next workday. The purpose of the hotline is

- to receive complaints regarding **Wisconsin licensed** and **Medicare/Medicaid certified** home health agencies,
- to provide information about Wisconsin home health agencies, and
- to receive complaints concerning the implementation of advance directive requirements.

Additional copies of the complaint form can be obtained by contacting the hotline number above.