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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62069A (08/2023) | | | **STATE OF WISCONSIN**  Page 1 of 2 | | | | | | |
| **PERSONAL CARE AGENCY COMPLAINT REPORT** | | | | | | | | | |
| * Complaints can be submitted **online** at: <https://www.dhs.wisconsin.gov/guide/complaints.htm>. * Personal information provided on this form will be used to investigate the complaint, to communicate with the complainant, and will be used for no other purpose. * Additional copies of this form can be obtained from the Department web site at:   <https://www.dhs.wisconsin.gov/forms/index.htm>   * Information regarding complaint rights and procedures are located on page 2 (reverse side) of this form.   *To assist in reviewing your concern, provide the following information:* | | | | | | | | | |
| 1. **PERSONAL CARE AGENCY INFORMATION** | | | | | | | | | |
| Name – Personal Care Agency | | | | | | | | | |
| Street Address | City | | | | State | Zip Code | | | |
| 1. **COMPLAINANT INFORMATION** | | | | | | | | | |
| Name – Complainant | | Phone Number | | | Relationship to Client | | | | |
| Street Address or P.O. Box | | City | | | State | | Zip Code | | |
| Do you wish to remain anonymous?  Yes  No | | | | Date Complaint Submitted *(MM/dd/yyyy)* | | | | |
| 1. **PATIENT INFORMATION** | | | | | | | | | |
| Same as above *If the complainant and client are not the same person, provide client information.* | | | | | | | | | |
| Name – Client | | | | | Phone Number | | | | |
| Street Address or P.O. Box | City | | | | State | | | Zip Code | |
| 1. **DESCRIPTION OF CONCERN** | | | | | | | | | |
| *Describe the situation or incident, the names, dates, and what happened. Write clearly and be as specific as possible. Attach additional pages, if necessary.* | | | | | | | | | |
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| **PERSONAL CARE AGENCY CLIENT RIGHTS AND PROCEDURES**  Wis. Admin. Code § [DHS 105.17](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17) describes the right of a personal care agency client to file a complaint with the Department, as follows:  [*DHS 105.17(1w)(b)2.*](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17/1w/b/2)*The provider shall provide, in writing, prior to or at the time of accepting an applicant as a client, each client or the client’s legal representative the procedures indicating the complaint or grievance process which shall include a statement on how the client can make a complaint to the department.*  [DHS 105.17(1w)(f)5c.](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17/1w/f/5/c) *The provider shall include, in the written notice of discharge, a notice of the client's right to file a complaint with the department if the client believes that the reason for discharge does not comply with Wis. Admin. Code* § [DHS 105.17](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/17).  The above rules mean that:   1. You have a right to complain directly to the Department of Health Services. 2. The personal care agency that serves you must advise you of your right to file a complaint with the Department of Health Services and explain the complaint filing process.   Information regarding the complaint or grievance process should be provided by the personal care agency to each client or client representative (1) prior to provision of any services and (2) when a written notice of discharge is required.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If a client or a client representative (anyone representing the client’s interests) has a concern with the client’s care, believes that the client’s rights have been violated, and/or that the personal care agency has not resolved these concerns, a complaint may be filed using any of the following methods.   * Completing an **on-line complaint** form at: <https://www.dhs.wisconsin.gov/guide/complaints.htm> * Calling: **Toll-free Wisconsin Complaint Line at 1-800-642-6552**   NOTE:The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, weekends, or holidays are returned the next business day.   * Writing to: **DHS / Division of Quality Assurance**   **Bureau of Health Services**  **ATTN: Personal Care Agency Complaint Coordinator**  **PO Box 2969**  **Madison, WI 53701-2969** | | | | | | | | | |