



## Nebraska Respite Network *Southwest Service Area*

### **Complaint Policy and Procedures**

- A. A chart showing proper channels for filing a complaint will be included in the Respite Caregiver Packets and also to Providers in their initial application packet. Chart will include information on Levels of complaint; contacts current address's and phone numbers, and emergency information.
- B. All complaints should be immediately directed the Respite Coordinator. All Level 2 & 3 complaints will be immediately reported to the SWNPHD Director
- C. All Complaints indentified will be reported to the State Network coordinator in the Monthly Report. All Level 3 complaints will be reported immediately.
- D. All complaints will be kept on file and will include the number of complaints made by group (caregiver, provider, and general public), type of complaint, and result of complaint.
- E. Complaints against the local Network will be reported to the Advisory committee at the next meeting.
- F. Complaint fill will demonstrate that 100% of concerns and complaints will be addressed according to policy.

### **Level of Complaints**

#### Level 1

Complaint received from caregiver or provider: concerning hours, lack of payment, not showing up, "possible" theft, obscene language, unkempt appearance, or smoking.

#### Level 2

Complaints received from caregiver or provider: Fraud, documented theft, discrimination

#### Level 3

Complaints that pose an immediate health and/or safety risk Abuse neglect Physical sexual, emotional/mental.

### **What To Report**

Gross incompetence, Pattern of Negligent Conduct, Unprofessional Conduct, Impaired by Alcohol/Drugs or Physical, Mental or Emotional Disability. All incidents of abuse/neglect.

**Instructions:**

Please furnish all indentifying information for the complainant, the client and all providers/agencies involved in the complaint. Additional pages may be added if necessary.

**Person Making Complaint**

Name: \_\_\_\_\_  
                    First                      Middle Initial                      Last                      Maiden or other Names Used

Address: \_\_\_\_\_  
                    Street/PO Box                      City                      State                      Zip Code

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    Home                      Cell                      Work

May we contact you at your place of employment? Yes  No

Relationship to Client \_\_\_\_\_

**Client Information**

Name: \_\_\_\_\_  
                    First                      Middle Initial                      Last                      Maiden or other Names Used

Address: \_\_\_\_\_  
                    Street/PO Box                      City                      State                      Zip Code

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    Home                      Cell                      Work

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**This complaint is being filed against**

Name: \_\_\_\_\_  
                    First                      Middle Initial                      Last                      Maiden or other Names Used

Address: \_\_\_\_\_  
                    Street/PO Box                      City                      State                      Zip Code

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                    Home                      Cell                      Work

Did you try and resolve this complaint with the responsible parties? Yes  No

Explain:

Please describe in detail all allegations. Describe each incident with specific dates and list any witnesses. Attach copies of any documents you have concerning the allegations.

Date of Incident: \_\_\_/\_\_\_/\_\_\_ Client's Name: \_\_\_\_\_

By signing below, I certify the statements I have made are true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please print and sign completed form and submit it with all other documentation to:**

Nebraska Respite Network  
404 West 10<sup>th</sup> St / PO Box 1235  
McCook, NE 69001  
1-866-RESPITE or 308-345-4990

Office use only

Date Received \_\_\_/\_\_\_/\_\_\_ Reviewed by: \_\_\_\_\_