



COMPLAINT FORM

Illinois Department of Public Health
 Office of Health Care Regulations
 Central Complaint Registry
 525 W. Jefferson, Street Ground Floor
 Springfield, IL 62761-0001
 Fax Number - 217-524-8885

Central Complaint Registry Hotline - 800-252-4343
Monday-Friday 8:30 a.m. to 4:30 p.m.
TTY for the Hearing Impaired Only- 800-547-0466

Directions: Download this form and complete the following information and mail or fax it to the Illinois Department of Public Health's Central Complaint Registry. Your comments will assist the surveyor who will investigate the complaint.

Complaints submitted to this site are limited to hospitals, home health agencies, hospices, end-stage renal dialysis units, ambulatory surgical treatment centers, rural health clinics, critical access hospitals, clinical laboratories (CLIA), outpatient physical therapy, portable X-ray services, community mental health centers, accredited mental health centers (only Medicare Certified), comprehensive outpatient rehabilitation facilities, health maintenance organizations (HMOs) nursing homes, skilled nursing homes, licensed facilities for developmentally disabled and assisted living facilities. The Department's Central Complaint Registry is limited to the mandates provided in the licensing acts, regulations, and Federal Medicare Conditions of Participation or Coverage for the programs the Department manages.

Date of Occurrence _____

Facility _____

Address _____ City _____ State ____ ZIP Code _____

To receive a letter explaining the outcomes of the investigation, please include mailing address:

Complainant Name (if patient, provide date of birth and sex) _____
 (May remain anonymous)

Address _____ City _____ State ____ ZIP Code _____

Daytime Telephone _____ cell _____

Name of Patient/Resident (if different than complainant) _____

Date of Birth _____ Sex _____

Status of Patient (Discharged) _____ Still in Facility (Room #) / Hospital _____

Expired _____ (date and location) _____

Identify any witnesses to the occurrence by name:

Briefly describe what actually occurred. Limit comments to the facts. Identify dates, names, places, times, facility, and location(s) (essentially, who was involved, what happened, when did it occur, where did it occur, and how did it occur). Describe any physical harm incurred by the patient. Use the form fields to complete the information.

Identify whom you reported the incident or complaint to at the facility, the date, and any action(s) taken by the facility to assist you.



Illinois Department of Public Health
Office of Health Care Regulation
Division of Health Care Facilities and Programs
Bureau of Long Term Care

Complaint Investigations

Frequently Asked Questions

The Department investigates quality of care issues, such as allegations of actual or potential harm to patients, patient rights, infection control, and medication errors. The Department also investigates allegations of harm or potential harm due to an unsafe environment.

Q. What information is needed to file a complaint?

The Department needs to know the who, what, when, where and how.

Who is the patient/resident? Who are the employees involved?

What happened to the patient/resident? What are the specific allegations (abuse/neglect, acquired infections or medication error)?

When did this incident occur (date of incident, admission or treatment)?

Where is the facility located (name and city)? Where in the facility did the incident occur (room number, unit, or department)?

How was the patient harmed? How could the patient have been potentially harmed?
How was your complaint addressed by the facility?

Q. Who may file a complaint?

Complaints may be filed by, but are not limited to, patients, patient family members, care givers, staff or advocacy groups.

Q. Is the identity of the complainant disclosed?

The identity of the complainant is not disclosed to the facility by the Department. The complainant may provide a name, address and phone number to the Department. This information is required if the complainant would like to receive written notification of receipt of the complaint and notification of the outcome of the complaint investigation. Complaints may be filed anonymously.

Q. What happens after a complaint is filed? When will my complaint be investigated?

All complaints are logged and reviewed. Complaints are investigated on a priority basis. Depending on the nature, scope, and severity of the complaint allegations, the investigation may take from a few days or weeks, to several months.

Q. How do I file a complaint with the Department?

You may file a complaint by telephone, mail, online or fax. By telephone, you may call the Department's Central Complaint Registry, 8:30 a.m. - 4:30 p.m., Monday-Friday at 800-252-4343. You also may submit your complaint in writing to:

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Office of Health Care Regulations
Central Complaint Registry
525 W. Jefferson St., Ground Floor
Springfield, IL 62761-0001

Fax: 217-524-8885
TTY: 800-547-0466

If you have Internet access, you may download the complaint form from the Department's Web site at <http://www.idph.state.il.us>

Q. Are there other agencies that may address some issues or areas of concern?

Yes. Below is a list of other state agencies.

- 1) Insurance billing issues should be referred to the Illinois Department of Insurance at 877-527-9431 or 866-445-5364. To file a complaint online go to www.insurance.illinois.gov/Complaints/file_complaint.asp
- 2) Possible health care fraud should be referred to the Attorney General's Health Care Fraud Unit at 877-305-5145 (TTY 800-964-3013) or fax 312-793-0802. To file a complaint online go to www.ag.state.il.us/consumers/filecomplaint.html
- 3) Licensed personnel issues should be addressed to the Illinois Department of Financial and Professional Regulation at 312-814-6910. To file a complaint online go to www.idfpr.com/dpr/FILING/Complaint.asp

Q. Who should I contact to check the status of my complaint?

To check the status of your **long-term care complaint**, contact the *Department's Bureau of Long-Term Care* at **800-252-4343**. For **non-long term care complaints** contact the *Department's Division of Health Care Facilities and Programs* at 217-782-7412. To make inquiries, you must have the name and location of the facility. This is **NOT** a toll-free call.