



**Virginia Department of Health
Office of Licensure and Certification**

Consumer Complaint Report

In addition to regulatory compliance inspections, the Office of Licensure and Certification (OLC) investigates consumer complaints regarding the quality of health care services received. This includes complaints received against: nursing facilities, inpatient and outpatient hospitals, home care organizations, hospice programs, dialysis facilities, and clinical laboratories. The OLC does not investigate concerns regarding provider fees or charges or provider billing practices. Complaints that do not fall with the OLC's jurisdiction are referred to the appropriate agency and complainants are notified of that action. If the concerns are not found to be a violation of applicable law or regulation, you will be informed of the options available to you. If your concerns are related to the provision of health care, an investigation will be conducted and you will receive the results of our findings.

Please be as thorough as possible when completing this form.

Person supplying information	Name (First, MI, Last):	
	Mailing address (street, city/county, state, zip):	Work Phone:
		Home Phone:
Email:		

Provider/facility of report	Facility Name:
	Address (street, city/county, state, zip code)

Patient Information	Name (First, MI, Last):	Relationship, if not person supplying information:
	Mailing address (street,city/county, state, zip):	Date of Birth:
		Phone:

Have you notified the facility of your concern: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following:	Are other agencies or entities (e.g., Adult Protective Services, Ombudsmen, attorney) aware of your concerns: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following:
Name of Contact:	Name of Contact:
Title:	Title:
Response:	Response:

Details of report	State your concern	Please write legibly. Provide pertinent information such as date, staff names/titles, names of witnesses, and the sequence of events surrounding your concern. Attach copies of documents related to your concerns (medical records, correspondence, contracts, reports, or photographs).
	Information Regarding Your Report may be Shared with the Provider or Facility	

<p>Please return completed report to:</p> <p style="text-align: center;">Complaint Unit Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Ste. 401 Richmond, Virginia 23233-1463 Fax: 1-804-527-4503 Hot Line No: 1-800-955-1819 Metro Richmond: (804) 367-2106</p>	<p>OLC treats the identity of the complainant and patient as confidential during the course of its investigation pursuant to § 32.1-138.5 of the Code of Virginia. However, the OLC reserves the right to disclose to the nursing facility the nature of the complaint or the identity of the patient who is the subject of the complaint as permitted by § 32.1-138.5 of the Code of Virginia. Section 32.1-138.5 authorizes the disclosure of "the nature of the complaint or the identity of the patient" to the nursing facility. It only permits the disclosure of the complainant's identity in advance of an administrative hearing in which the Department "intends to rely, in whole or in part, on any statements made by the complainant."</p> <p>I have read and understand the above.</p> <hr/> <p style="display: flex; justify-content: space-between;"> Name Date </p>
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