

Lancaster Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS #37A Policy: LCDAC Complaint Form
Most Current Revision: 07/01/2021 Effective Date: 07/01/2020	Page: 1 of 3

**Today's Date:**

**COMPLAINANT INFORMATION\***

- Full Name of Complainant:
- Address:
- Phone Number(s):

***\*IF FILING ON BEHALF OF A COMPLAINANT, COMPLETE THE FOLLOWING:***

***\*Your Full Name:***

***\*Address:***

***\*Phone Number:***

***\*Is the Complainant aware you are making the complaint on their behalf? Yes No***

***\*Reason the Complainant is not filing the complaint:***

**NATURE OF COMPLAINT/SUBJECT OF THE ALLEGATIONS** (circle all that apply)

- |   |                                  |
|---|----------------------------------|
| Quality of care                           | Fraud                            |
| Inappropriate prescribing                 | Advertising violation            |
| Misdiagnosis                              | Billing issues                   |
| Breach of confidentiality                 | Concerns about treatment process |
| Lack of involvement in treatment planning | Counselor misconduct             |
| Unprofessional conduct                    | Negligent Treatment              |
| Delay in Treatment                        | Provider under the influence     |

**Problems Other than listed above and/or details of those items circled:**

**AVAILABLE DOCUMENTS TO SUPPORT ALLEGATIONS (circle all that apply)**

**None**

**Medical Records**

**Contracts**

**Proof of payment**

**Correspondence**

**Advertisement/business card**

**Items not listed:**

**DETAILS OF THE COMPLAINT**

**RESOLUTION BEING SOUGHT BY COMPLAINANT/PERSON FILING COMPLAINT**

**ANY ACTION(S) TAKEN BY COMPLAINANT/PERSON FILING COMPLAINT PRIOR TO THE FILING OF THIS COMPLAINT**

**PROPOSED ACTIONS TO BE TAKEN AS A RESULT OF THIS COMPLAINT/NEXT STEP(S)**

**Signature of Person Completing this Form:**

**Date:**

**Signature of Staff in Receipt of This Form:**

**Date:**

\*\*\*\*\*

**FOLLOW-UP NOTES/ACTIONS**

**Name of Staff Reviewing Complaint:**

**Date:**

**Detailed Account of Action Taken:**