



Facility Licensing & Investigations Section Complaint Form

Instructions for Filing a Complaint

Anyone with knowledge or concerns about the care of a patient/resident in a licensed healthcare facility may file a complaint with the Connecticut State Survey Agency. The Facility Licensing and Investigations Section (FLIS) within the Department of Public Health is the section that has regulatory oversight for all the licensed healthcare entities in the state.

You may use the form below to file a complaint if you are concerned about the health care, treatment, or services that you or another person received or did not receive in the facility. Some reasons for filing a complaint would include abuse, neglect, poor care, not enough staff, unsafe or unsanitary conditions, dietary problems, or mistreatment.

Step 1:

Please include as much information as possible when submitting your complaint. The response and timing of any investigation by the State Survey Agency will be based upon the information you provide. Report a concern as soon as possible since it will be easier for you to remember the facts and will assist the State Survey Agency in gathering important information.

You can remain anonymous. The State Survey Agency representative will not use your name while investigating the complaint. If you wish to know the results of the investigation, please include your name, address, and contact information on the complaint form below.

Step 2:

Following receipt of your complaint, a representative from the State Survey Agency will send you written acknowledgment regarding receipt of your complaint and whether or not the state survey agency will initiate an investigation.

Step 3:

If your concern does not fall under the jurisdiction of the State Survey Agency, you may be referred to the appropriate agency.

Step 4:

At the conclusion of the investigation, the State Survey Agency will notify you of the results, if you have provided your contact information in Section 1 of this complaint form.

Should you have any questions, please contact the Facility Licensing and Investigation

Section 1. Person Filling Out the Complaint Form

If you wish to remain completely anonymous, do not complete this Section. You may choose to remain completely anonymous; however, the State Survey Agency will not be able to contact you to obtain additional information or reach you, to notify you of the results of the investigation.

Name (first and last):

Address:

City:

State:

Zip Code:

Email:

Primary Phone:

Cell Phone:

Section 2. Facility Information

Facility Name:

Address:

City:

State:

Zip Code:

Section 3. Patient Information

Patient Name (first and last):

Is the patient still in the facility?

Yes

No

Do not know

Your relationship to the Patient:

Anonymous

Family member (Spouse/Child/Parent)

Patient (Self)

Present or former facility employee

Ombudsman

Quality Improvement organization

Law Enforcement Agency

Media

Legal representative /guardian/power of attorney

Other, Please explain:

Section 4. Complaint Information

Please provide as much information as possible including the date, time, how often the concern has occurred, and the location where the concern occurred. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section.

Names of any other person(s) or witness(es) involved in this complaint:

Name (first and last):

Contact Information if known:

Name (first and last):

Contact Information if known:

Section 5. Reporting of the Complaint

Did you report this complaint to the facility staff?

Yes

No

A. Date the Complaint was reported to the facility staff person:

B. Name and title of the facility staff person to whom the complaint was reported:

C. What action was taken by the facility?