WCSI SCO Complaint Form

Participant's Name: 

Name of Person filing if other than Participant: 

Date of Filing: 

Relationship to Participant: 

Time of Filing: 

Person Filing Contact Information: 
(Phone number, email address, mailing address)

Date of Occurrence: 

If SC is initiating this form – please skip Section 1 and complete Section 2

SECTION 1

Please describe the reason you are filing a formal complaint and include specific names and dates: (use attachments if necessary):

Please identify any actions taken with your Supports Coordinator to resolve your complaint or concern:

Please indicate the desired outcome you are seeking:

Signature: __________________________ Date: ______________

Contact Information:  □ Home Phone #: __________________________
□ Cell Phone #: __________________________
□ Work Phone #: __________________________

Please send to:  WCSI
770 East Pittsburgh Street
Greensburg, PA 15601
Attn: SC Supervisor
SC Name ______________
### Informal Stage:

Did you attempt to resolve this informally with the participant/family prior to using the Formal Process First Level Appeal?

- Yes  - No  If No, state reason:

Briefly describe the complaint or concern and date of occurrence: (use attachments if necessary)

Identify any actions you have taken to resolve the participant/family’s complaint or concern: (use attachments if necessary)

<table>
<thead>
<tr>
<th>Participant/family’s Contact Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Home Phone #: _______________________</td>
<td></td>
</tr>
<tr>
<td>□ Cell Phone #: _______________________</td>
<td></td>
</tr>
<tr>
<td>□ Work Phone #: _______________________</td>
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</tbody>
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Supports Coordinator’s Signature: ____________________________ Date: ________ Extension: ____

Date Complaint Form given to Supervisor (First Level Appeal): ___________________
SECTION 3—SCO SUPERVISOR

[Five (5) days to resolution or submission to Second Level Appeal]

Date Complaint Form received: ________________

Formal First Level Appeal: Supervisor Statement:

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

☐ The participant/family is not in agreement with the resolution and would like to be referred to the IDD Program Manager/Director.

☐ I am forwarding this original form and applicable attachments to the IDD Program Manager/Director.

Supervisor’s Signature: ________________________ Date: ________ Extension: ____

Date Complaint Form given to IDD Program Manager/Director (Second Level Appeal): ______________
Date Complaint Form received: ________________

**Formal Second Level Appeal: IDD Program Manager/Director Statement:**

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

☐ The participant/family is not in agreement with the resolution and would like to be referred to the WCSI Executive Director.

☐ I am forwarding this original form and applicable attachments to the WCSI Executive Director.

**IDD Program Manager’s Signature:** ____________________________ Date: __________

or

**IDD Program Director’s Signature:** ____________________________ Date: __________

Date Complaint Form given to Executive Director (Third Level Appeal): ________________
Date Complaint Form received: ________________

**Formal Third Level Appeal: WCSI Executive Director Statement:**

Description of problem or concern and date of occurrence: (use attachments if necessary):

Description of resolution of the problem: (use attachments if necessary):

☐ The participant/family does not feel that the complaint has been resolved at this point and have requested additional contact information.

**WCSI Executive Director’s Signature:** ___________________________ **Date:** ________
Date Complaint Form initially filed: ____________

Date of Initiated Resolution: ____________

Date of Final Resolution: ____________

Complaint was resolved within the required 30 days? □ Yes □ No If no, # of days: _____

(A complaint is “resolved” when steps to correct have been initiated)

If complaint was not resolved within 30 days, were the reasons for missing requirement due to the SCO control? □ Yes □ No □ NA

If yes, were the circumstances documented and resolved appropriately? □ Yes □ No □ NA

All staff involved were notified of the resolution? □ Yes □ No If no, then why______________

Date Completed Complaint form was received by SCO Director: ______________________

Date Completed form was approved/filed: ____________

SCO Direction signature: __________________________________________________________