

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 _____

SECTION 2—SCO SUPPORTS COORDINATOR

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)

Participant/family's Contact Information:

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

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): _____

SECTION 4—IDD PROGRAM MANAGER/DIRECTOR

[10 days from date of filing to resolution or submission to Third 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): _____

SECTION 5—WCSI EXECUTIVE DIRECTOR

[30 day to resolution from date of filing]

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:** _____

SECTION 6—WCSI ADMINISTRATIVE OFFICE FILE

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 circumstances out of 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: _____