Jeff Landry
GOVERNOR

Michael Harrington, MBA, MA
SECRETARY

State of Louisiana
Health Standards Section

Complaint Information Form

PROCEDURES FOR FILING A COMPLAINT AGAINST A FACILITY LICENSED BY THE LOUISIANA DEPARTMENT OF HEALTH, HEALTH STANDARDS SECTION:

Please complete the complaint form in its entirety. Please provide the details of your complaint stating exactly what happened. If the complaint involved an incident with a staff member or department of the facility/agency, please be sure to indicate the name of the staff person involved and their title (*e.g.*, RN, LPN, aide), date that it occurred, and the name of the particular department that was involved (*e.g.*, radiology, surgery, kitchen, dining room).

All complaint forms that are received by the Health Standards Section are reviewed and a determination made as to the course of action. The Department's jurisdiction is contained in La. R.S. 40:2009.14, "the department shall review the report and determine whether there are reasonable grounds for an investigation. No report shall be investigated if, in the office's judgment it is not made in good faith, is outdated, or is trivial, or if the report is not within the investigating authority of the office." Once the complaint report is reviewed, the complainant will receive a written notice of the Department's decision.

If a complaint has already been filed in directly with the facility/agency, please allow the facility/agency approximately 30 days to investigate the complaint and provide a response of their findings. After giving the facility approximately 30 days to reply, if no written response is received, contact our office to file a complaint. We request that a copy of the letter that was mailed to the facility/agency be included with the complaint form.

• Nursing Home Abuse & Complaints	1-888-810-1819
• Home Health & Hospice	1-800-327-3419
• Intermediate Care Facility for Developmentally Disabled (ICF/DD)	1-877-343-5179
• Home & Community Based Services	1-800-660-0488
• Case Management	1-800-660-0488
• Hospital, Ambulatory Surgical Center, Dialysis Center & Abortion Facility	1-866-280-7737
• Adult Day Health Care	1-888-810-1819
• Adult Day Care	1-800-660-0488
• Adult Residential Care Provider	1-225-342-6298
• All Others	1-225-342-0138

Health Standards Section
P.O. Box 3767 • Baton Rouge, Louisiana • 70821-3767
Phone #: (225) 342 • 0138 • Fax #: (225) 342-5073 www.ldh.louisiana.gov

Complaint Form

(Please complete all sections to the best of your ability)

Complainant's Information	
Date Form was Completed:	**Relationship to Patient Named in this Complaint:**
☐ ***Anonymous*** **(Check if you wish to be anonymous and SKIP to Facility/Agency Information below. *Please note:* *If you choose to remain anonymous and this complaint warrants an investigation, you will not be contacted or receive any follow-up results.***	**Name of Person Filing Complaint:**
	If you are staff at the Facility/Agency Named in the Complaint, what is your status now? ☐ Current Employee ☐Former Employee
Complainant's Street Address or P.O. Box:	
City:	
State:	
Zip:	
Phone Home: **Cell:**	**Work:** **Other:**
Email Address:	
Facility/Agency Information	
Name of Facility/Agency Primarily Involved:	
Street Address of Facility/Agency:	
City:	
Zip:	
If more than one facility/agency was involved, please list additional facilities/agencies along with the address and city:	
Patient Whom Complaint is About	
Patient's Full Name:	
Patient's Age:	
Patient's Date of Birth:	
Details of the Event:	
Admission Date of Patient:	
Discharge Date of Patient:	
Reason(s) for Admission:	
Date(s) of Event(s):	
Location Where Event(s) Occurred (i.e. unit, room, department, area, site):	
Names of Staff Members Involved in Event(s) (if known):	
Event Areas of Concern (check off here and describe in the next section): ☐ **Death** ☐ **Abuse/Neglect** ☐ **Restraints/Seclusion** ☐ **Emergency Services** ☐ **Other**	

Details of the event to include names, dates, titles of persons involved, areas of the facility, shifts, room numbers, etc. (Give as much information as possible – you may attach additional pages, as needed.):

I hereby give permission for the Health Standards Section to forward this complaint to the appropriate agency if it does not fall under the authority of the Health Standards Section:

_____ _____

Signature of Individual Submitting Complaint **Date**

Did you report this event to anyone at the facility? ☐Yes ☐No

If Yes, please provide the following information:
Name & Title of the person to whom you reported:
Date reported:
Reporting Method (please mark all that apply): ☐Written ☐Telephone ☐In Person ☐Email
☐ Other (Describe):

If No, are you considering filing a complaint with the facility/agency? ☐Yes ☐No
If No please provide the reason that you are not filing a complaint with the facility/agency:

Have you received any communication from the facility/agency regarding these concerns?
If so, the method used to contact you was (please mark all that apply): ☐Written ☐Telephone
☐ In Person ☐Email ☐Other:

******If possible, please submit a copy of the facility/agency's communication with this complaint******

If your complaint involves:

Billing Issues involving private insurance:	**Please refer this complaint to your individual insurance representative or to the Louisiana Department of Insurance 800-259-5300** or **www.ldi.la.gov** **Louisiana Department of Health/Health Standards Section does not intervene in billing issues with the exception of those related to sexual assault victims for any healthcare services rendered in conducting a forensic medical examination.**
Billing Issues involving Medicaid:	**Louisiana Medicaid Hotline at 800-488-2917** **Louisiana Department of Health/Health Standards Section does not intervene in billing issues with the exception of those related to sexual assault victims for any healthcare services rendered in conducting a forensic medical examination.**
Billing Issues involving Medicare:	**1-800-Medicare or www.medicare.gov** **Louisiana Department of Health/Health Standards Section does not intervene in billing issues with the exception of those related to sexual assault victims for any healthcare services rendered in conducting a forensic medical examination.**
Billing Issues involving Tricare:	**Please refer this complaint to your individual insurance representative or to the Louisiana Department of Insurance 800-874-2273** or **www.tricare.mil** **Louisiana Department of Health/Health Standards Section does not intervene in billing issues with the exception of those related to sexual assault victims for any healthcare services rendered in conducting a forensic medical examination.**
Physician Practices:	**Please refer your complaint to the Louisiana State Board of Medical Examiners** **630 Camp Street** **New Orleans, LA 70130** **Phone: (504) 568-6820; Fax: (504) 568-5754** **http://www.lsbme.la.gov/** **NOTE: Louisiana Department of Health/Health Standards Section does not have authority over physicians.**

Please mail this form to:
Louisiana Department of Health, Health Standards Section
Complaint Program Desk
P.O. Box 3767
Baton Rouge, LA 70821

You may also email this form to:
HSSComplaints@LA.GOV

You may also fax this form to:
(225) 342-5073