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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62069 (10/2024) | | | **STATE OF WISCONSIN**  Wis. Stat. § 50.49  Wis. Admin. Code § DHS 133.08(3)  Page 1 of 2 | | | | | | |
| **HOME HEALTH AGENCY COMPLAINT REPORT** | | | | | | | | | |
| * Completion of this form is voluntary. * Personal information provided on this form will be used to investigate the complaint, to communicate with the complainant, and will be used for no other purpose. * Additional copies of this form can be obtained from the Department web site at:   [**https://www.dhs.wisconsin.gov/forms/index.htm**](https://www.dhs.wisconsin.gov/forms/index.htm)   * Information regarding complaint rights and procedures are located on page 2 (reverse side) of this form.   *To assist in reviewing your concern, provide the following information:* | | | | | | | | | |
| **1. HOME HEALTH AGENCY INFORMATION** | | | | | | | | | |
| Name – Home Health Agency | | | | | | | | | |
| Street Address | City | | | | State | ZIP Code | | | |
| **2. COMPLAINANT INFORMATION** | | | | | | | | | |
| Name – Complainant | | Phone Number | | | Relationship to Patient | | | | |
| Street Address or P.O. Box | | City | | | State | | ZIP Code | | |
| Do you wish to remain anonymous?  Yes  No | | | | Date Complaint Submitted *(MM/yy/dddd)* | | | | |
| **3. PATIENT INFORMATION** | | | | | | | | | |
| Same as above *(If the complainant and patient are not the same person, provide patient information)* | | | | | | | | | |
| Name – Patient | | | | | Phone Number | | | | |
| Street Address or P.O. Box | City | | | | State | | | ZIP Code | |
| **4. DESCRIPTION OF CONCERN** | | | | | | | | | |
| *Describe the situation or incident, the names, dates, and what happened. Write clearly and be as specific as possible. Attach additional pages, if necessary.* | | | | | | | | | |
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| **HOME HEALTH AGENCY**  **PATIENT RIGHTS AND PROCEDURES**  Wis. Stat. § 50.49 authorizes the Department of Health Services to establish rules governing the operation of a home health agency.  Wis. Admin. Code § DHS 133.08(3), authorized by the above state statute, describes a home health agency patient’s right to file a complaint with the Department as follows:  ***DHS 133.08(3).*** *At the same time that the statement of patient rights is distributed under subsection (2), the home health agency shall provide the patient or guardian with a statement, provided by the Department, setting forth the right to and procedure for registering a complaint with the Department.*  The above statute and rules mean that:   1. You have a right to complain directly to the Department of Health Services. 2. The home health agency that serves you must advise you of your right to file a complaint with the Department of Health Services and explain the complaint filing process.   Copies of this complaint form and these requirements should be provided by the home health agency to each patient or patient representative (1) prior to provision of any services and (2) at the conclusion of the service agreement. | | | | | | | | | |
| If a patient or a patient representative (anyone representing the patient’s interests) has a concern with the patient’s care and treatment, believes that the patient’s rights have been violated, and/or that the home health agency has not resolved these concerns, a complaint may be filed using any of the following methods.  Writing to: **Department of Health Services**  **Division of Quality Assurance / Bureau of Health Services**  **ATTN: Complaint Coordinator**  **P.O. Box 2969**  **Madison, WI 53701-2969**   * Calling: **Toll-free Wisconsin Home Health / Hospice Hotline at 1-800-642-6552**   The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, on weekends, or on holidays are returned the next business day. The purpose of the hotline is to receive complaints regarding Wisconsin licensed and Medicare/Medicaid certified home health agencies and hospices and to provide information about Wisconsin home health agencies and hospices.   * Completing an on-line complaint form at: [**https://www.dhs.wisconsin.gov/guide/complaints.htm**](https://www.dhs.wisconsin.gov/guide/complaints.htm) * If you have **Medicare** coverage, you may also make complaints by writing to or calling:   **BFCC-QIO Program**  **Livanta LLC**  **PO Box 2687**  **Virginia Beach, VA 23450**  **888-524-9900**  **TTY: Dial 711** | | | | | | | | | |