LARA
LICENSING AND REGULATORY AFFAIRS

COMMUNITY AND HEALTH SYSTEMS

To Be Completed by Complainant

Program Name
License Number (if known)
Date form was given to Program Rights Advisor

Substance Use Disorder
COMPLAINANTS INTITIAL RIGHTS COMPLAINT FORM

1. **Describe your complaint:** Give names of witnesses or other details that will help your rights advisor understand your complaint (attach additional paper if necessary)

2. **Where did it happen?**

3. **When did it happen?** (Date and Time)

4. **What right(s) do you think were violated?**

5. **What would you consider to be a fair solution to this complaint?** (what action, by whom and by when?)

6. **How do you want to get your copy of the investigation report for this complaint?** (Check one)

☐ **PICK UP** in rights' advisor's office within 30 working days. When report is ready, please call me at:
(Telephone Number w/area code)

☐ **MAIL** to me at the following address by registered mail:

Street Address City State Zip Code

7. **Complainant's Signature** (also sign authorization to release information on Page 2).

Signature: Date:

8. Date Complainant provided this BCHS-SUD-200 to Program Rights Advisor: Date:

INSTRUCTIONS FOR THE COMPLAINANT (Recipient)

HOW TO FILE A COMPLAINT

A. You should fill out the attached form if you believe one of your rights has been violated as outlined in the "Know Your Rights" Brochure. If the complaint does not fall under the rights outlined in the "Know Your Rights" Brochure, you can alternatively complete the LARA Complaint Form BCHS-SUD-250.
B. The Program Rights Advisor can assist you in completing this recipient rights form.
C. If you are not sure what right were violated, ask your program rights advisor for a list of your rights.
D. Sign the below authorization to release information form.
E. Give the form to your rights advisor or you may send this form directly to the Regional Entity Rights Consultant.

WHAT WILL HAPPEN

After you give the completed form to your program rights advisor, he or she may ask you for additional information. The rights advisor will then investigate your complaint and try to develop a fair solution.

Within 30 working days of the date your program rights advisor receives this form, he or she will give you a written **Recipient Rights Investigation Report (BCHS-SUD-205)**. That report will have a summary of what the program rights advisor found while investigating your complaint. It will have a proposed solution (action plan) if your complaint was found to require action.

YOUR RIGHT TO APPEAL

When you receive the *Recipient Rights Investigation Report (BCHS-SUD-205)*, you will have **15** working days to decide to accept the findings and/or action plan proposed by the program, or to file an appeal. If you do not appeal within **15** working days, this indicates/means you have accepted the investigation report.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the _____
Program to release information contained in my program records to my coordinating agency rights consultant or designee and to the substance abuse rights coordinator or designee. I authorize release of information that is necessary for the complete investigation of my recipient rights complaint and any future appeals. The release includes authorization to interview witnesses concerning my complaint when such interviews are necessary for a complete investigation of my complaint.

This authorization is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished.

Without expressed revocation, this authorization expires when the investigation of my complaint or subsequent appeals has been completed.

_____ _____
Signature of Recipient Date Signed

_____ _____
Signature of Witness Date Witnessed

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans With Disabilities Act, you may make your needs known to this agency.