

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADULT FOSTER CARE LICENSING DIVISION
COMPLAINT FORM**

Adult Foster Care Licensing Division receives and processes complaints for:

- Adult Foster Care and Homes for the Aged
- Adult Foster Care Camps

Nursing Homes or other health facility – To make a complaint against a nursing home, call (800)882-6006 or go to [File a Complaint with BSC](#)

When making a complaint, it is important that you fill out the complaint form as completely as possible. Your name will be kept **confidential** and **will not** be released unless ordered by the court. You are not required to give your name or contact information. However, if you do not provide it, a licensing consultant will not be able to contact you if additional information is needed. **Your complaint may not be assigned or may be unconfirmed due to an inability to reach you for follow-up.**

Abuse and/or Neglect Complaints

Call 855-444-3911 if you are making a complaint regarding abuse, neglect or exploitation of children or a vulnerable adult.

[Learn more about abuse and neglect.](#)

Unlicensed Complaints

If you are making a complaint regarding a provider operating without a license, you must indicate how you know the provider is operating without a license.

Complaint Information

I wish to complain against the provider named below. I am submitting this information so that it may be determined if licensing action against this provider should be considered.

| Information About You | | | Complaint Against | | |
|--|----------|---|-------------------------------|-------|----------|
| Your Name | | | Provider | | |
| Street Address | | | License # (if known) | | |
| City | | | Street Address | | |
| State | Zip Code | County | City | State | Zip Code |
| Email address | | | Telephone Number () | | |
| Your Telephone Number Home: () | | Work: () | Incident Date (if applicable) | | |
| Your Role/Relationship to the Provider (E.g., Relative of Resident in Care. Employee, Centralized Intake, etc.) | | | | | |
| Check One: <input type="checkbox"/> Adult Foster Care Facility <input type="checkbox"/> Home for the Aged | | <input type="checkbox"/> Adult Foster Care Camp | | | |
| I certify that the information provided is complete and accurate to the best of my knowledge. I understand that making a false complaint is a crime punishable by up to a \$5,000 fine, imprisonment for up to four years, or both. | | | | | |
| Signature | | | | Date | |

**Is this a complaint regarding a provider operating without a license?
If yes, how do you know the provider is operating without a license?**

No Yes

For all other complaints or an unlicensed complaint where you have additional concerns, answer the following questions, as applicable, regarding each concern. Be as specific as possible.

(Use additional sheets if necessary.)

Who was involved? (If you know the names of caregivers/employees/residents involved, provide them.)

What happened?

When did it happen? (Particular day, time of day, etc.)

How many times did this happen?

Where did it take place? (Specific area/room of the facility, off-site, etc.)

Did other people see it? Do other people know about it? If yes, include their names.

How do you know this happened? Or about the violation?

Is it still going on? If yes, how do you know?

If you know the act section or rule violated or the contract, provide it.