

# NTBHA Complaint Summary Form

Provider Name: \_\_\_\_\_ Clinic Location: \_\_\_\_\_ Program: \_\_\_\_\_ LOC: \_\_\_\_\_

Staff Name/Title Who Received Complaint: \_\_\_\_\_

Staff Name/Title Assigned to Investigate: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_ Date Complaint Resolved: \_\_\_\_\_

Method of Submission:  Verbal  Written  Email  Other: \_\_\_\_\_

Was concern addressed informally before complaint:  Yes  No If yes, when: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

LCN: \_\_\_\_\_ CMBHS #: \_\_\_\_\_

Contact Phone Number and/or email: \_\_\_\_\_

Name of Complainant & Relationship if Not Individual in Services \_\_\_\_\_

Contact Phone Number and/or email: \_\_\_\_\_

Complaint Category:  Access  Unprofessional Behavior  Clinical Practice/Service Delivery  Other

Was Complainant Notified of Outcome:  Yes  No Attempted Contact Unsuccessful:  Yes  No

Outcome:  Substantiated  Unable to Substantiate  Unsubstantiated

Complainant Satisfied with Resolution:  Yes  No  Unknown

Appeal Rights Provided to Complainant:  Yes  No Appeal Received from Complainant:  Yes  No

Appeal Outcome (if applicable): \_\_\_\_\_

Complaint Summary:

**Provider Steps Taken:**

**Resolution:**

**Follow Up Actions:**

**Policy Violations Identified:**  Yes  No

If yes, specify:

**Corrective Actions Taken:**  Staff Training  Disciplinary Action  Policy Revision  Service Adjustment  Other:

**Follow-Up Plan / Monitoring:**

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **NTBHA Complaint Summary Form Reporting Instructions:**

- **Submit a completed and signed Complaint Summary Form for each complaint received the previous month that has been resolved. If complaint is carried over to the next month, submit the completed form the following month.**
- **Forms submitted must correspond to the number of complaints and information included in your monthly complaint data submission.**
- **Submit all complaint summary forms by the 7th business day of each month, along with your complaint data monthly report to: [QM@NTBHA.org](mailto:QM@NTBHA.org).**

## **HHSC Complaint Definitions and Categories**

### **Complaint Definition**

Complaints are complaints received from a consumer (i.e. client or patient) by a local mental/behavioral health authority or one of their contracted providers' Clients Right's Protection Officer or other clinic staff, regarding services funded by HHSC and limited to rights identified in 26 Texas Administrative Code §320.25 but exclude: allegations of abuse, neglect, or exploitation; allegations of violations of Civil Rights, including discrimination; allegations of fraud, waste, or abuse; allegations related to HIPAA violations; personnel and disciplinary matters; requests for Fair Hearings and/or other appeals; and concerns about regulated individuals and entities.

### **Complaint Categories:**

- 1. Staff/Provider Unprofessional Behavior Issue:** complaint specific to a clinician or staff member's behavior.
- 2. Service Delivery/Clinical Practice Issue:** complaint regarding general practice, assessment, diagnosis, medication.
- 3. Access To Care Issue:** complaint regarding wait time, hold time, timeliness of appt, timeliness of discharge appt, etc.
- 4. Other:** complaints that do not fall into one of the other categories

**Resolution:** the point at which a determination can be made as to whether a complaint should be substantiated (or not) and no further action is necessary.

### **Complaint Outcomes:**

**Substantiated Complaint:** research clearly indicates agency policy was violated, or agency expectations were not met.

**Unable to Substantiate:** research does not clearly indicate agency policy was violated, or agency expectations were not met.

**Unsubstantiated Complaint:** research clearly indicates agency policy was not violated, or agency expectations were met.