

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.**

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.