

# ACHC COMPLAINT INVESTIGATION PROCEDURE



Please read this page PRIOR to completing our complaint form

## STEP #1

- 1) Have you contacted the provider/accredited organization directly regarding your complaint? SELECT: YES NO

⇒ If your answer is “NO,” please:  **!STOP!**

Proceed to contact the organization & address your issues with them first. Please note that you may find contact details for their complaint process on your customer care/ welcome/ patient packet or original documentation. (Accreditation is a voluntary process; for organizations to become accredited by ACHC, we require them to develop / implement a complaint handling process. ACHC can not address consumer complaints until organizations first have the opportunity to follow their internal complaint procedure.)

- 2) If you have already contacted the provider / accredited organization and have not received an acceptable resolution to your complaint, & you have verified that they are accredited by ACHC, please read & acknowledge our complaint policy below.

**\*\*\*If this is an emergency - a case of immediate life-threatening jeopardy:\*\*\*  
dial 911 if appropriate, and then you may contact us directly @ (919) 785-1214.**

## STEP #2

### ACHC Policy for Investigating & Handling Complaints

ACHC will document and investigate all complaints received against our currently accredited organizations. The purpose of the investigation process is to determine whether organizations complained against are in breach of ACHC accreditation standards or Medicare Conditions of Participation (COPs). **If violations can not be confirmed, then ACHC has no authority to take further action.**

It is our policy to treat your name as confidential and not disclose it to any other party. However, it may become necessary to reveal your identity to the subject organization in order to validate your complaint.

If the complaint involves possible abuse, neglect or exploitation of a child or disabled adult; unprofessional conduct; or noncompliance with state or federal laws, ACHC will notify the appropriate regulatory authority. ACHC does not have jurisdiction in labor relations issues or the individual clinical management of a patient.

**\*\* Anonymous complaints will not be accepted \*\***

Have you read the entire ACHC Policy above? SELECT: YES NO

*The Provider's Choice*

# ACHC Complaint Intake Form (STEP #3)

Please mail, e-mail or fax this entire completed packet to:

ACHC  
4700 Falls of Neuse Road • Suite 280 • Raleigh, NC 27609  
FAX (919) 785-3011 • Email [complaints@achc.org](mailto:complaints@achc.org)

We will review your submission upon receipt and contact you if further information is necessary.  
Per ACHC's policy, investigations may take up to 30 days from receipt of this form, based on availability of information.

## INTAKE INFORMATION

Please fill out all required (\*) and pertinent sections of this form.  
(Type or Print Legibly)

### YOUR CONTACT INFORMATION

**\*\* Complaint Intake Form must be completed by the client/patient except where the client/patient is a minor or is unable to complete the form.**

*Your Name: _____
*Patient/Client Name: _____
*Relation to you: _____
*Street Address: _____
*City/ State/ Zip Code: _____
*Main Phone Number: _____
Cell Phone Number: _____
E-mail Address: _____

### WITNESSES/ OTHER CONTACTS (If Applicable)

Witness Name: _____
Relevance to Complaint: _____



\*Please provide a brief & factual summary of your issue(s) with any information you feel may assist our investigation (if possible include names and dates of people you spoke with):

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\*If complaint related to home health or hospice, please indicate caregiver's certification:

- Registered Nurse
Licensed Practical Nurse
Aide
Specify if other

\*Final response/s from provider to your complaint:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\*Other action you've initiated (for example: contacted Better Business Bureau):

\_\_\_\_\_

\*Your recommendation for resolution:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SIGNATURE/ APPROVAL

\*\* Your signature is REQUIRED for us to proceed with the processing of this complaint.

By signing below, you acknowledge that all of the above is true to the best of your knowledge and that ACHC has your express permission to disclose your identity (ONLY if necessary during this investigation). You also acknowledge that you are providing ACHC with permission to discuss this matter with any persons listed on this complaint form and/or any other person/s whom we feel are necessary to adequately conduct our investigation.

Your Signature: \_\_\_\_\_

Please Print (Your Name): \_\_\_\_\_

Date: \_\_\_\_\_

Please check this box if you do not want your identity revealed. However, please understand that by doing this you may be limiting our investigation of your complaint.