

## HOME HEALTH AGENCY COMPLAINT REPORT

- Completion of this form is voluntary.
- Personal information provided on this form will be used to investigate the complaint, to communicate with the complainant, and will be used for no other purpose.
- Additional copies of this form can be obtained from the Department web site at:  
<http://dhs.wisconsin.gov/forms/DQAnum.asp>
- Information regarding complaint rights and procedures are located on page 2 (reverse side) of this form.

To assist in reviewing your concern, provide the following information:

### 1. HOME HEALTH AGENCY INFORMATION

Name – Home Health Agency

Street Address	City	State	Zip Code
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### 2. COMPLAINANT INFORMATION

Name – Complainant	Telephone Number	Relationship to Patient	
Street Address or P.O. Box	City	State	Zip Code
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Complaint Submitted

### 3. PATIENT INFORMATION

Same as above (If the complainant and patient are not the same person, provide patient information)

Name – Patient	Telephone Number		
Street Address or P.O. Box	City	State	Zip Code

### 4. DESCRIPTION OF CONCERN

Describe the situation or incident, the names, dates, and what happened. Write clearly and be as specific as possible. Attach additional pages, if necessary.

## HOME HEALTH AGENCY PATIENT RIGHTS AND PROCEDURES

Chapter 50.49 of the Wisconsin State Statutes authorizes the Department of Health Services to establish rules governing the operation of a home health agency.

Chapter DHS 133.08(3) of the Wisconsin Administrative Code, authorized by the above state statute, describes a home health agency patient's right to file a complaint with the Department as follows:

**DHS 133.08(3).** At the same time that the statement of patient rights is distributed under subsection (2), the home health agency shall provide the patient or guardian with a statement, provided by the Department, setting forth the right to and procedure for registering a complaint with the Department.

The above statute and rules mean that:

- (1) You have a right to complain directly to the Department of Health Services.
- (2) The home health agency that serves you must advise you of your right to file a complaint with the Department of Health Services and explain the complaint filing process.

Copies of this complaint form and these requirements should be provided by the home health agency to each patient or patient representative (1) prior to provision of any services and (2) at the conclusion of the service agreement.

If a patient or a patient representative (any one representing the patient's interests) has a concern with the patient's care and treatment, believes that the patient's rights have been violated, and/or that the home health agency has not resolved these concerns, a complaint may be filed using any of the following methods.

- Writing to: **Department of Health Services  
Division of Quality Assurance / Bureau of Health Services  
ATTN: Home Health Complaint Coordinator  
P.O. Box 2969  
Madison, WI 53701-2969**
- Calling: **Toll-free Wisconsin Home Health / Hospice Hotline – 1-800-642-6552 \***
- Completing an on-line complaint form at:  
**<http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>**
- If you have **Medicare** coverage, you may also make complaints by writing to or calling:  
**Metastar  
2909 Landmark Place  
Madison, WI 53713  
1-800-362-2320**

\* *The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, on weekends, or on holidays are returned the next day. The purpose of the hotline is to receive complaints regarding Wisconsin licensed and Medicare/Medicaid certified home health agencies and hospices and to provide information about Wisconsin home health agencies and hospices.*