The New York State Department of Health Division of Certification and Surveillance reviews complaints related directly to patient care and services that are provided in a hospital or diagnostic and treatment facility. To file a complaint about the treatment you received, please complete this form.

Please return all completed forms to:

New York State Department of Health Centraized Hospital Intake Program Mailstop: CA/DCS Empire State Plaza Albany, NY 12237

Complaints will be reviewed by professional staff in the Centralized Hospital Intake Program to determine if the allegations are within the regulatory jurisdiction of the NYS Department of Health. Additionally, complaints are generally not accepted if the allegations relate to issues which occurred more than one year from the date of submission. In addition, please note that it is difficult for the Department to verify complaints regarding attitudes of clinical staff or other facility staff. Therefore, these types of concerns, if included in your complaint, will not be addressed in the Complaint Review Process.

In order for us to process your complaint in a timely manner, please:

- Print clearly,
- Include the names and phone numbers with whom you have filed a complaint, and
- Attach copies of documents which may support your complaint. Please do not send originals.

The most common types of complaints include medication issues, delay of nursing care, change in medical condition that was not addressed in a timely manner, concerns with care provided by medical staff, patient safety concerns, admission or discharge issues, housekeeping and maintenance issues, and difficulty accessing medical records.

Professional staff will review the concerns identified in your complaint in accordance with regulatory requirements within our iurisdiction.

Types of complaints **not** within our regulatory jurisdiction include:

- Billing issues, except complaints regarding financial assistance
- Psychiatric care complaints about units or facilities regulated by the Office of Mental Health (OMH)
- Detoxification care complaints about units or facilities regulated by the Office of Alcoholism and Substance Abuse Services (OASAS)
- Those related only to the care provided by a physician in private practice

Should you have any questions, please contact the Centralized Hospital Intake Program at 1-800-804-5447 from 8:30 am—4:45 pm, Monday—Friday, excluding holidays.

## Please complete the information below.

## **Information About You**

**Note:** You may either provide your name or submit your complaint anonymously. Providing your name and contact information enables the New York State Department of Health to contact you about the actions taken in response to your complaint and also to contact you should additional information be needed. It is our policy to treat your name as confidential information and not to disclose it to anyone. During the course of a review it may be necessary to share the nature of your complaint or the patient's name with appropriate hospital or facility staff.

Last Name	_ First Name			
Street Address or P.O. Box				
City		_ State	ZIP	
Daytime Phone Information				
First Choice ()	_ May we leave a messag	e? 🗆 Yes	□ No	
Second Choice ()	_ May we leave a message? □ Yes □ No			
Your Relationship to the Patient				
Information About the Patient				
Last Name	_ First Name			
Street Address or P.O. Box				
City				
Date of Birth	_			
Information About the Facility				
Name of Hospital or Clinic				
Street Address				
City		_ State	ZIP	
County	_			
Have you filed a complaint with the facility? $\ \square$ Yes $\ \square$ No				
To whom have you spoken?				
Name	_ Title			
Name	_ Title			
Has the facility responded to your complaint? $\square$ Yes $\square$ No				
Are you satisfied with the facility's response? $\Box$ Yes $\Box$ No				
If no, please explain:				

Your Complaint	
Please describe your complaint.	
Date of Admission	Date of Discharge
When did the issue occur?	
Is your complaint related to:	
☐ Nursing Care Issues	
☐ Medical Care Issues	
☐ Environmental Issues	
☐ Environmental issues	
M. Park Branch Assess	
☐ Medical Records Access	

☐ Patients' Rights Issues			
☐ Admission/Discharge Issues			
☐ Patient Safety Issues			
· <del></del>		 	 
	<del>-</del>		
□ Other			