FOR PROVIDERS.
BY PROVIDERS.

ACHC COMPLAINT INVESTIGATION INTAKE FORM

DME, Rx, Sleep

STEP #1

Complainant Information Complaint Intake Date:	
Complainant Name:	
Patient/Client Name:	
Relation to you:	
Street Address:	
City/State/Zip Code:	
Main Phone Number:	
Cell Phone Number:	
E-Mail Address:	

Insurance
Primary Insurance:
Secondary Insurance:
(Example: private insurance, Medicare, Medicaid – N/A if no insurance coverage)

Provider Organization Contact Information	
Provider Name:	
Street Address:	
City/State/Zip Code:	
Contact Name:	
Main Phone Number:	

139 Weston Oaks Court • Cary, NC • 27513
Phone: (919) 785-1214 • Fax: (919) 785-3011

STEP #2

Complaint Details & Summary

Date Equipment Delivered:

Date Problems Began:

Supporting documentation to be provided: ☐ **YES** ☐ **NO**

Type(s) of documentation provided:

Provide a brief and factual summary of your issue(s) with any information you feel may assist in our investigation. Please include as many details as possible, including dates and times of events that relate to your complaint, as well as names of persons who have information about the complaint and the names of any persons with whom you have discussed the events relating to the complaint, and your best recollection of the dates and times of any of these discussions.

Have you contacted the provider/accredited organization directly regarding your complaint? ☐ **YES** ☐ **NO**

IF NO ⇨ We recommend you to contact the organization and address your issues with the organization first so they have an opportunity to follow their own complaint process. Please note that you may find contact details for their complaint process on your customer care/welcome/ patient intake packet or original documentation.

Date provider was contacted with complaint:

Other action you have initiated (Ex.: Better Business Bureau, State/Federal Agencies):

What was the response(s) from the provider to your complaint?:

139 Weston Oaks Court ● Cary, NC ● 27513
Phone: (919) 785-1214 ● Fax: (919) 785-3011

Witness/Other Contacts	
Witness Name:	
Relevance to Complaint:	

STEP #3

Consent to ACHC Investigation	

ACHC's Accreditation Standards define procedures for the delivery of health care services. Our Accreditation Standards incorporate standards from state and federal laws and the health care industry. After receiving your Complaint, ACHC will conduct an initial review and assessment to determine if your Complaint involves a potential violation of the ACHC Accreditation Standards. After this initial review and assessment, ACHC will inform you whether we have decided to start an investigation, and we also will inform you of the result of our consideration of your Complaint.

Other than disclosures to government agencies, ACHC will not disclose the names of Complainants, Patients, or Witnesses unless permission is given in the form below. However, Provider Organization's detailed investigation and corrective actions regarding your complaint may provide clues as to these identities. Therefore, while we honor all requests not to divulge particular names, ACHC cannot guarantee anyone's anonymity.

You acknowledge that all the information provided is true to the best of your knowledge and that ACHC has your express permission to disclose your identity. Does ACHC have your permission to disclose your identity as Complainant and also to disclose the identity of each Patient and Witness that you have identified on this form? [If you do consent, please check YES. If you do not consent to disclosure of ALL identities, then please check "No," and list those identities that you agree may be disclosed in the space provided below.]

Name Release:	Complainant Name: ☐ Yes ☐ No Patient Name: ☐ Yes ☐ No Witness Name: ☐ Yes ☐ No ☐ N/A Names that may be disclosed:
Signature:	
Date:	
Time:	

NOTE: Any information sent over the Internet without encryption is generally not secure. Thus, if you submit a complaint using standard e-mail, ACHC cannot guarantee the security or confidentiality of your e-mail transmissions. You take full responsibility if your complaint message is intercepted or accidentally sent to the wrong address.

139 Weston Oaks Court ● Cary, NC ● 27513
Phone: (919) 785-1214 ● Fax: (919) 785-3011