



Client Complaint Form

The following questions were obtained from the West Virginia Department of Health and Human Resources Office of Health Facility Licensure & Certification (OHFLAC) website:

1. Is confidentiality desired? *Note: If investigation results in legal proceedings confidentiality may not be maintainable.*

2. What is your name, address, and telephone number?

3. What is the name of the person you are calling about? How are you related to this person?

4. What is the name and address of the facility?

5. What happened?

6. When (date and time) did the problem occur? Is the problem ongoing?

7. Is the resident/patient still in the facility?

8. How did it happen?

9. Is anyone else involved, such as other staff, volunteers, family members, other patients or residents, visitors?

10. Are there any witnesses?

11. Have you taken any actions? Did you speak to the Administrator, Manager or any staff of the facility?

12. Are law enforcement agencies involved?

13. Has the facility tried to address the situation?

14. Do you know if this has happened before to the same individual, or to others?

Complaints should be submitted to compliance@ascensionrs.com.

The following methods can be used to file a complaint against a health care facility:

Online: [Complaint Form \(wvdhhr.org\)](http://wvdhhr.org)

Phone: 304-558-0050

Fax: 304-558-2515

Mail: Attention: [Health Care Facility Type] Complaint Intake

Office of Health Facility Licensure & Certification

408 Leon Sullivan Way

Charleston, WV 25301-1713