



Office of Licensing
Post Office Box 1797, Richmond, Virginia 23218-1797
Telephone (804) 786-1747 Fax (804) 692-0066
www.dbhds.virginia.gov

The Report of Concerns and Incidents Process

The Department of Behavioral Health and Developmental Services (DBHDS) values the citizens of Virginia and the feedback from the community at large and service providers. As such, DBHDS is dedicated to providing the best service possible to all stake holders. Information provided by citizens and employees helps us with our mission.

If you choose to make a complaint, we will use a formal process to ensure that your complaint is thoroughly addressed in a timely manner. We will send a letter indicating that your complaint has been received and assigned for further inquiry. **When you file a complaint, we will ask for the following information in order to contact you during an investigation:** Name, address, telephone number and detail of your complaint to include date, time, location and name of involved employee(s) or other persons, if known.

You can email all completed forms, available on the website, to Sophia.maye@dbhds.virginia.gov. **If you are mailing your complaint, please use the address listed at the top of this page.** DBHDS may need to contact you for additional details or to clarify the information you have already provided. Your cooperation is appreciated and should you need further assistance, you may contact the Office of Licensing by calling our central number **804-225-3409**. The Licensing Specialist will make a decision about the complaint based on the facts available and a formal investigation may be conducted. Methods of investigation may include on-site inspections and/or in-office reviews.

Allegations may be formally investigated for these reasons:

1. To protect the citizens we serve from actual misconduct by an employee(s) or others;
2. To protect the department, the providers and those employees who conduct themselves appropriately;
3. To identify regulations and procedures that may require review and or revision;
4. To identify ways to improve the quality of services in the community

If an allegation is sustained, appropriate action will be taken. In accordance with the law and to respect personnel privacy and patient health information (PHI) and, we do not release what specific discipline was imposed on a particular employee or PHI. If additional communication is deemed necessary or warranted, you may be provided with a follow up letter.



Virginia Department of
Behavioral Health and
Developmental Services

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Report of Concerns and Incidents

(Please complete this form to report any concerns for regulatory practice in the community, then send by email to Sophia.maye@dbhds.virginia.gov or fax to 804-692-0066)

Today's Date: [Click here to enter text.](#)

Reporters' Information:

Name of Complainant: [Click here to enter text.](#) Address: [Click here to enter text.](#)

Telephone #: [Click here to enter text.](#) Email Address: [Click here to enter text.](#)

Summary of Concerns:

Date of Incident: [Click here to enter text.](#) Time of Incident: [Click here to enter text.](#)

Location of the Incident: [Click here to enter text.](#)

Complainant relationship to person or agency: [Click here to enter text.](#)

Name of agency or persons involved: [Click here to enter text.](#)

Population of the program: (right click on check box, click properties, then click check or uncheck)

Mental Health Substance Abuse Intellectual & Developmental Disability

Nature of concern (include gender of victim or aggressor): [Click here to enter text.](#)

Office of Licensing Use Only: Method of delivery: email telephone letter fax person form

Referred to Community Support Division:

Date: [Type text](#)

Time: [Type text](#)

Referred to Licensing Specialist: [Type text](#)

Date: [Type text](#)

Time: [Type text](#)

Resolution: [Type text](#)

Date: [Type text](#)

Time: [Type text](#)