

Human Rights Complaint

To Staff: The Virginia Administrative Code (Virginia Regulations) requires you to help any Individual make a complaint. Please provide him or her with a photocopy of this completed complaint form and submit the original document to the Facility Director or designee. The Facility Director is required to notify the Human Rights Advocate of this Complaint and to respond to the Individual as required by the Complaint Resolution Procedure set out in the Human Rights Regulations.

Human Rights Regulation:

Every individual has a right to seek resolution of his complaint and make a human rights complaint. Any individual or anyone acting on his behalf who thinks that a provider has violated any of his rights under these regulations may make a complaint and get help in making the complaint in accordance with Part V (12VAC35-115-150 et seq.) of this chapter. 12 Virginia Administrative Code 35-115-40(C).

Name: _____

Location (Unit, Room Number, Etc.) _____

To: Facility Director of _____
(Name of Facility)

Director:

I am submitting the following Human Rights Complaint to you for resolution pursuant to the formal process set out at 12VAC35-115-170(A)(5): (Check all boxes that apply and describe the violation in the blank space below)

- Abuse/Neglect Dignity Confidentiality Informed Consent/Participation in Decision Making
- Access to Records Freedoms of Ordinary Life Seclusion/Restraint Other

Check one of the following boxes:

This is a standard complaint. 12VAC35-115-170(A)(5) requires the director (or designee) to meet with me within 24 hours of receipt of this complaint, and to provide me a written decision and proposed action plan within 10 days.

This is an *EMERGENCY* complaint that requires immediate attention to avoid **SERIOUS and/or IRREPARABLE HARM.**

I allege that the actions or failures to act I have described violated my human rights as described in the Human Rights Regulations 12 VAC 115-150 *et. seq.*

This is what I want you to do to resolve my complaint: (In the blank space below, describe what you want the Director to do)

Signed _____, _____
Signature Date

NOTICE TO THE DIRECTOR:

Please give all proposals for resolution of this complaint to me in writing and require my signature for acceptance of the proposal. This is an essential condition of any acceptable proposal. Therefore, I reject in advance any proposal(s) not in writing and to which I have not agreed in writing.

NOTICE TO PATIENT:

Please notify the Office of Human Rights at (804) 786-3988 if your Complaint is not handled appropriately and in compliance with the Human Rights Regulations 12 VAC 35-115-10 *et. seq.*