

**NURSE AIDE TRAINING PROGRAM (NATP)
COMPLAINT/GRIEVANCE FORM**

CTA does investigate anonymous complaints so you MUST provide your name and contract number in case we need additional information.

This form is to be used for complaints/grievances Nurse Aide Training Program

Read the following to all persons filing complaint/grievance.

CTA does not investigate anonymous complaints under current state laws regarding due process. CTA requires a name and contact information for a complaint to be taken. CTA will protect the identity of the complainants who wish to remain anonymous to the maximum extent possible by law. Complainants are not able to withdraw complaints once the information is given to CTA. Under due process of law, any complainant may be called to testify as a witness in any legal hearing or court should the resolution of the complaint result in an adverse action against the service provider.

CTA does not investigate the following: 1) Allegations of abuse, neglect, mistreatment, and financial exploitation. These will be referred to APS. 2) Financial. These will be referred to the client's CMA, health plan, or legal advice. 3) Personality conflicts, ethics, or professional behavior. These will be referred to the proper license board, if applicable, and the DCCA. 4) Misuse of client's Medicaid funds. These will be referred to Medicaid Fraud. 5) Unlicensed activity. These will be referred to DOH. 6) Requests for medical records. These will be referred to the client's CMA. 7) Criminal activity will be referred to law enforcement. 8) CNA certification complaints will be referred to Prometrics. 9) CTA has no involvement in the referral or admission process.

Name of Facility: _____

Address: _____

Name of Person this complaint concerns: _____

Phone Number: _____ **Cell Number:** _____

Names of Participants involved, (if applicable):

Person Reporting the Complaint:

Does the Reporter Wish to Remain Confidential? YES NO

Name: _____

Address: _____

Home Number: _____ **Cell Number:** _____

Complainant's email address: _____

Your Email Address: _____

You will receive an email to verify your complaint submission.

Reporter's Relationship to Client (if applicable): _____

Describe Complaint in detail (use additional paper if needed)

Date and time of complaint: _____

Location of complaint: _____

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Describe what and how the event occurred, who was involved, if you've seen this occur before, who was present at the time of the event. Include household members, patient, staff member, caregiver, etc.

Did you notify anyone other than CTA (e.g., case management agency, family)? If yes, who?

Did you try to resolve it with the Community Care Foster Family Home or Case Management Agency first? If yes, what was the outcome?

Please attach any evidence such as supporting documentation or pictures relevant to the complaint.

Have you contacted other agencies? (DHS, DOH, APS, Ombudsmen, Law Enforcement, hospitals, etc.)? If yes, what was the outcome?

PRINT NAME of person reporting the complaint

_____ Date Reported to CTA: _____

SIGNATURE of person reporting the complaint