



LAWRENCE

PUBLIC SCHOOLS

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DASA CONSUMER COMPLAINT FORM

1. Date: _____
2. Complainant Name: _____
3. Address: _____

4. Phone #(s): _____
5. Do you request anonymity? Yes No (Note: Per Public Disclosure law, some items may be required to be disclosed.)
6. Do you want to be contacted about the outcome of DASA activity on this issue? Yes No
7. What is your relationship to the subject of the complaint? (e.g., patient/parent, employee, referent)

8. Complaint is about a: Non-certified Agency DASA-certified Agency.

Agency Name: _____

Address: _____

Phone # _____
9. Is the complaint about agency personnel? Check all that apply:
 Chemical Dependency Professional - Name
 Other Clinical Staff - Name/Title
 Agency Administrative Staff - Name/Title

Complaint: Describe, Who was involved? What happened? When did it happen? Where did it happen? Why did it happen? How did it happen? Have any actions been taken in response to the incident/complaint in an attempt to resolve the issue? Is there a need for assistance or additional services to be provided to patients impacted by the incident/complaint? (Use additional pages as necessary)

<i>For DASA Use</i>	
The following information is to be completed by the DASA Complaint Manager	
Resolution:	
<input type="checkbox"/>	Complainant was referred to: <input type="checkbox"/> Agency Grievance Procedure <input type="checkbox"/> DOH Professional Licensing <input type="checkbox"/> DOH Residential Services <input type="checkbox"/> Insurance Commissioner <input type="checkbox"/> Police/Prosecutor's Office <input type="checkbox"/> U.S. Attorney (42CFR) <input type="checkbox"/> DASA Regional Administrator <input type="checkbox"/> Other describe _____
<input type="checkbox"/>	More information needed: <input type="checkbox"/> from complainant <input type="checkbox"/> from subject <input type="checkbox"/> from Other _____ <input type="checkbox"/> by on-site investigation - assigned to: _____, DASA Certification Specialist - Date _____
<input type="checkbox"/>	Investigation completed: <input type="checkbox"/> Allegations not confirmed <input type="checkbox"/> Some or all allegations confirmed See Note to Agency file or Survey Report dated _____.
DASA Complaint/Incident Number _____ Date entered in Complaint Log _____ By _____	

