

Community Support Services (CSS) Input Form

To Express a Concern or Compliment

(Part A)

Providing quality services is important to us, and it is your right as a consumer to file a complaint if you are dissatisfied with the care you are receiving. You will never receive fewer services or be retaliated against for making a complaint. Use this form to let us know any problem you have that has not been addressed to your satisfaction. Our goal is to work out a solution within **10 Calendar days** from the date we receive your complaint. To resolve your complaint, we encourage you to talk with your assigned staff or their supervisor. If we need to contact you after you are discharged, please let us know how we can reach you. Use additional paper if needed. You may also call the CSS QI Coordinator @ **704.614.3000. Address: Carlton G. Watkins Center – 3500 Ellington Street, Charlotte NC 28211**

Your Name: _____ Phone Number: _____

Address: _____

I am in the Men's Shelter Women's Shelter Other _____

My assigned staff member/counselor is: _____

Description of concern or compliment: _____

How do you think this problem can be solved? _____

Have you talked with your assigned staff or anyone else about your problem? No Yes If yes, who, and what were the results? _____

I give my permission to identify me during any necessary investigation. I can be reached at the number or address at the top of this form. I do not give my permission.

List the person you would like to talk to about this problem: _____

List the person you are giving this form to: _____ Staff Initials: _____

Consumer's Signature

Date

(You may ask for a copy of this document before giving it to staff)

Signature of staff member receiving this document to address the complaint: _____

Date document received: _____ Action(s) you took to address consumer's concerns, including the dates you met with the consumer: _____

I have worked with staff to address the problem stated above. My problem was addressed to my satisfaction. My problem was not addressed to my satisfaction and this will be referred for additional review.

| | |
|---|-------|
| Consumer Signature: | Date: |
| Staff Signature: | Date: |
| Forwarded to _____ for review and further action as needed: | Date: |