



PARTICIPANT COMPLAINT FORM

Information Sheet

EROS Healthcare Services, LLC encourages participants to express concerns or grievances by filing a formal complaint. Each filed complaint is taken seriously. Reasonable and active steps to address dissatisfaction and improve the area of concern are taken, wherever possible. Individuals who file a formal complaint will not face retaliation or barriers to service.

Please take note of the following guidelines:

A Complaint Does Not Include:

1. A request for service;
2. A request for information, documentation, or explanation of policies or procedures;
3. Reports of damage or faulty infrastructure (i.e. uneven foot paths)
4. Reports of hazards (i.e. fallen trees); or
5. Reports concerning neighbouring property (i.e. a noise complaint)

Who Can File a Complaint:

1. A current participant in any program or service.
2. Former participants or visitors using EROS Healthcare Services, LLC service.
3. Potential participants waiting to access a program or service.
4. Someone acting on behalf of a participant, provided they have obtained the participant's consent.
5. A parent(s)/guardian(s) on behalf of a child participant.

How to File a Participant Complaint:

1. Complaints can be made known to the agency in three ways:
 - a. The participant can request a *Participant Complaint Form* and submit it in person to a staff member or a Program Supervisor.
 - i. The staff member submits the complaint to his/her Supervisor. The Supervisor submits the complaint to Executive Director.
 - b. The participant may print a *Participant Complaint Form* from <https://eroshealthcare.org>, complete it and mail it to the agency's mailing address (3002 Cecil B Moore Avenue, Unit 4, Philadelphia, PA 19121).
 - c. The participant may phone the agency's head office (215-618-9198) where their complaint will be documented on a *Participant Complaint Form* by administration staff.
 - i. The completed form will then be submitted to the program supervisor and Executive Director for review.
 - d. The participant may verbally express a complaint to an employee and have the employee follow up with their Supervisor.



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The personal information requested on this form is primarily being collected by EROS Healthcare Services, LLC for the purpose of investigating and responding to a complaint. This information will be used solely by EROS Healthcare Services, LLC for that purpose or directly related purposes. EROS Healthcare Services, LLC may disclose some of this information to relevant organizations if the nature of the complaint involves services delivered/matters dealt with by parties other than the agency. If sufficient information is not collected on this form, EROS Healthcare Services, LLC may not be able to effectively address the issue(s) raised and provide feedback to the submitter.

Name:	Date:
Address:	Daytime Contact No:
COMPLAINT DETAILS (fill out all applicable details)	
Date of Incident:	Time:
Location of Incident:	
Who/What is the Subject of Your Complaint:	
Summary of Complaint/Issue: (use the back of this form if necessary)	
Preferred Outcome /Suggested Solution: (use the back of this form if necessary)	
Participant's Satisfaction:	<input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Not Satisfied
Signature:	Date:



**PARTICIPANT COMPLAINT FORM Follow Up Form
(Employee Use Only)**

Complaint made: By Phone _____ In Person _____ In Writing _____

Received by: _____ **Date:** _____

Routed to: _____ **Date:** _____

Acknowledgement: By Phone _____ In Person _____ In Writing _____

Date of Acknowledgement: _____

Action taken: (up to and including final response to complainant)

Was a Final Response provided to the complainant? Yes _____ No _____

Date Complainant was contacted: _____

Additional Comments:

Close date: _____ **Employee Signature:** _____

Program Manager or Executive Director Signature _____