



Health Systems Quality Assurance

## Healthcare Provider and Facility Complaint Form

### Instructions:

Please read the [frequently asked questions](#) (FAQs) before completing this form. Please use this form to file a complaint against an individual healthcare provider, healthcare facility, or the unlicensed practice of healthcare. The healthcare provider or facility must be credentialed by the Washington State Department of Health, or practicing healthcare within Washington State without a license. You can look up a provider or facility credential on our [provider credential search and license verification webpage](#). If you require additional assistance completing this form, contact us at 360-236-2620 or [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov)

1. Section 1 - Please complete this section if you are filing a complaint against an individual healthcare provider or the unlicensed practice of a healthcare profession. Please note your provider's administrative staff may not be required to have a credential with our agency.
2. Section 2 - Please complete this section if you are filing a complaint against a healthcare facility. Please see the FAQs for a list of [facilities we regulate](#), and for information about [clinics](#) and facilities the [Department of Social and Health Services regulates](#)
3. Section 3 – Please provide your contact information. If you are filing this complaint on behalf of a business or facility, please indicate that in this section.
4. Section 4 - Please complete this section if you are not the patient.
5. Section 5 – Please complete all questions in this section to the best of your ability and with as much detail as possible for the [disciplining authority](#) to review.

Please do not submit multiple copies of your complaint. When completed, please return the form by one of the following mail, email or fax to:

### Mail:

Health Systems Quality Assurance  
Complaint Intake Unit  
P.O. Box 47857  
Olympia, WA 98504-7857

**Email:** [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov) If submitted by email, please submit complaint directly to us as an email or attachments. Please do not send your complaint through online storage services or secure email services that require login credentials.

**Fax:** 360-236-2626

**SECTION 1 – Healthcare Provider Information:**

If you are filing a complaint against a healthcare facility, please proceed to section 2. If the facility is a [doctor's office, providers office or clinic](#), please complete section 1 (this section) and provide the name of the healthcare provider.

What is the name of the individual healthcare provider you are filing a complaint about (if applicable)?		
First:	Middle:	Last:
What type of healthcare provider is this?		
Other (please specify):		
Address:		
City:	State:	ZIP Code:

**SECTION 2 – Facility Information:**

**We only regulate the facility types listed in the dropdown list.** If the facility type is not listed, please call 360-236-2620. We may be able to assist you in determining whether the complaint is on an individual provider or if the complaint needs to be reported to another agency.

If you want to file a complaint against an assisted living facility, adult family home, nursing home, or skilled nursing facility, and not against an individual provider working at one of these facilities, please contact the [Department of Social and Health Services](#) at 800-562-6078

What is the name and address of the facility you are filing a complaint about (if applicable)? Please include the facility's physical address, not a mailing address or post office box.		
Name:		
<a href="#">Type of Facility</a> :		
Address:		
<input type="checkbox"/> Address same as section 1		
City:	State:	ZIP Code:
What is your employee status with this facility? Mark selection below. (This information to be used for internal administrative purposes only)		
<input type="checkbox"/> Never an Employee	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Current Employee

At the facility, in what department, unit, room number or floor did the incidents(s) or problem(s) occur? What was the admission date and discharge date?	
Department:	Floor:
Room number:	Unit:
Date of Admission:	Date of Discharge:
Is the patient or client still in the facility or still receiving services?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 3 – Your Information:

Please provide your contact information to ensure the department can follow up with you about your concerns. If you provide your name, your complaint will not be considered anonymous, even if you request anonymity. If we receive a complaint that only partially identifies you, you will be treated as an unknown complainant. Anonymous and unknown complainants may not receive follow-up from the department. Under public records laws, we cannot withhold the names of people who complain unless they qualify for "[whistleblower exemption](#)." [RCW 43.70.075](#) and [WAC 246-15-010 determine](#) your whistleblower exemption status, not necessarily your request for exemption. Please review the FAQs about filing an [anonymous complaint](#) and who may qualify for [whistleblower exemption](#). For additional information about whistleblower exemption, you may need to consult your attorney; the department cannot provide legal advice to you.

What is your name, mailing address, telephone number, and email address?		
First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Alternative Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Fax		
Email:		
Are you filing this complaint on behalf of a business or facility <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the business or facility name:		
If you are the patient, what is your date of birth?		

**SECTION 4 – Patient Information:**

Please complete this section if the patient information is different from the information in section 3

What is the name and date of birth of the affected patient or client?		
First:	Middle:	Last:
Date of Birth:		

What is your relationship to the patient or client?
<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other (Please specify other):

**SECTION 5 – Complaint Information:**

Please provide as much [information](#) as possible about the alleged issues you want to report

What were the date(s) and time(s) that the incident(s) or problem(s) occurred?

Have you reported this to, or filed a complaint or action with, any other agency or organization? Examples include law enforcement, Adult Protective Services, or professional licensing boards? If so, which agencies, when and what were the actions or findings?

**Please describe in detail what happened. (If you need additional space, please attach a separate piece of paper.)**

**(Continued) Please describe in detail what happened. (If you need additional space, please attach a separate piece of paper.)**

Please complete and return the complaint form via mail, fax or email to the address above. Please provide as much information as possible for the disciplining authority to review. If you have additional questions about the complaint process, contact us at 360-236-2620.

**Please include the following information:**

- Name(s) and profession of the individual healthcare provider(s) who allegedly provided substandard care.
- Name(s) of facility where you allegedly received substandard care.
- The facility's physical address
- Date(s) of service
- A detailed description of the event(s) you want to report
- Your contact information – Name, mailing address and phone number.

**May I make a complaint without giving my name?**

Complaints that do not include the name of the person involved are difficult to investigate. Complaints filed anonymously will not receive any follow-up from the department. If you provide your name, you **may** qualify for whistleblower exemption under the provisions of [RCW 43.70.075](#) unless confidentiality is waived. A healthcare provider or facility is defined by [WAC 246-15-010](#). Information must meet **both** of the **two requirements** below for the whistleblower exemption to apply:

1. The complaint must be about:
  - "Improper quality of care" by a healthcare provider,
  - "Improper quality of care" in a healthcare facility or,
  - A notification or report of an adverse event or incident

**and**
2. The complainant (person filing the complaint) must be one of the following
  - a) A consumer of healthcare,
  - b) An employee of the respondent, or
  - c) Another license holder.

**What is the disciplinary process?**

When we receive a report about a healthcare provider, we review it to decide if the alleged incident or event is a violation of the law, and if we have legal authority to take action. If these two conditions are not met, the file is closed without an investigation.

If we determine the allegation might be a violation, and there is legal authority to take action, the disciplining authority may authorize an investigation. The disciplining authority manages each case throughout the disciplinary process. We work with investigators, staff attorneys, and the Office of the Attorney General to identify violations and to evaluate evidence. If the evidence does not support a violation, then we close the complaint.

If we find violations, the case is presented to a panel of members from the department, board or commission for approval to possibly take action. Procedures for the complaint and disciplinary process are described in the Administrative Procedure Act under Chapter [34.05 RCW](#) and the [Uniform Disciplinary Act](#).

The sanctions that may be imposed against a healthcare provider are described in the Uniform Disciplinary Act under [RCW 18.130.160](#). Actions include but are not limited to fines, counseling, re-training, practice limitations or suspension from practice. Both the department and the boards and commissions are responsible to ensure the public is protected and secondarily to rehabilitate the provider.

Disciplinary files are public records. However, public record law provides that some records will not be released.

### **What information should I include with my complaint?**

You may include any information with your complaint that you think is necessary. At a minimum we need to know:

- Who the complaint is against.
- What your specific allegations are about the provider or facility.

If the disciplining authority authorizes an investigation, our investigators may request additional information from you and the healthcare provider.

### **If I file a complaint against a healthcare provider and it results in disciplinary action, what kind of compensation may I get from the board, commission, department or the individual?**

Under some limited circumstances, we can require a healthcare provider to refund fees collected from the consumer. However, we don't have jurisdiction in matters of malpractice compensation. That must be pursued in civil court.

### **What types of facilities does the department regulate?**

- Ambulatory surgery centers
- Behavioral Health Agencies
- Child birth centers
- Child group care homes
- Home care agencies, home health agencies
- Hospice agencies, hospice care centers
- Hospitals
- Clinical laboratories-medical test sites
- Department of Corrections prisons (not city or county jails)
- Residential treatment facilities
- Rural health clinics
- Eastern and Western State mental hospital pharmacy services. Reports involving these facilities may be forward to the Centers for Medicare and Medicaid Services for review.
- State schools for hearing and visually impaired

### **Who are the decision makers?**

The legislature authorizes the secretary of the Department of Health, and 14 boards and commissions, to discipline healthcare providers who violate the law. The boards and commissions work with the department to develop processes for receiving, investigating and determining appropriate discipline for violations. Action can be taken only against providers and facilities, who are required to be licensed, certified or registered with the department.

### **I want to file a complaint against doctors or dentist's office or clinic.**

#### **Who do I contact?**

Often clinics or provider's offices do not need to be licensed. We have authority over the individual providers if they are licensed or performing a job that requires a license. We do not have authority over administrative staff members such as receptionists or office managers.

### **I want to file a complaint against an adult family home, nursing home or assisted living facility. Who do I contact?**

Some facilities, such as nursing homes and assisted living facilities, are regulated by the [Department of Social and Health Services](#) (DSHS). You can file a complaint with DSHS by calling 800-562-6078. If an individual provider working at one of these facilities is licensed by our agency or is performing a job that requires a license from our agency, you may file a complaint against that person.

### **Do I have to be the patient in order to file a complaint?**

Anyone who has knowledge of a healthcare provider's unprofessional conduct may file a report.

### **What action can the department take against a provider?**

The disciplining authority is limited to taking action against a healthcare provider's credential to prevent patient harm. (See Disciplinary Process above.)



**My healthcare providers told me they don't want me as a patient anymore. Can they do that?**

If you don't have an acute problem where a lack of immediate follow-up would be dangerous to your health, healthcare providers may end the relationship. The one exception is that a hospital may not deny anyone access to emergency care. The hospital must, at a minimum, assess everyone who comes to the emergency department and if it can't provide the necessary care itself, must transport the patient to a hospital that can give the needed care.

**May a healthcare provider refuse to give me copies of my medical records because of an outstanding balance?**

A provider may charge a copying fee, as set out in law or rule, before the records are released, but may not withhold records because of an outstanding balance on your account.

**How do I find out how my complaint is progressing?**

Details of an ongoing investigation will not be given, but you can call to receive an update on the general status of your complaint. However, please remember that because of the legal and medical issues involved, the disciplinary process can be lengthy, so we appreciate your patience.

**How long will it take to resolve my complaint?**

The time will vary depending on the nature of the complaint and the complexity of the case. Patience is needed when dealing with the many legal and health issues involved. Cases may take as little as a few weeks or, in some cases, as long as two years.

**How can I obtain copies of files regarding reports or disciplinary action from the department?**

Anyone may request a copy of a file. To do so, you may submit a request in writing to the Public Disclosure Unit. For records of 50 pages or more, we charge 15 cents per page. The file will be reviewed and any exempt information will be redacted or withheld pursuant to the Public Records Act under [Chapter 42.56 RCW](#).

Public Disclosure Unit  
P.O. Box 47865  
Olympia, WA 98504  
Fax: 360-586-2171  
[pdrc@doh.wa.gov](mailto:pdrc@doh.wa.gov)

**What part will I play after filing a complaint?**

Additional information may be asked of you, either by letter or interview. You may be asked to sign a release form to waive your right to confidentiality for investigation of your complaint. You may be required to testify if a formal hearing is necessary.

**What is a violation?**

Violations for healthcare providers include, but are not limited to, the following:

- Mental or physical condition: This condition involves the mental or physical inability of a healthcare provider to practice with reasonable skill and safety ([RCW 18.130.170](#)).
- Unprofessional conduct: This is a term used to describe conduct, acts, or conditions that are considered by law to be unprofessional in this state ([RCW 18.130.180](#)).
- Unlicensed practice: This category applies to any circumstance involving a person or facility that practices healthcare but doesn't have a valid Washington credential ([RCW 18.130.190](#)).

### **What are examples of things the department, boards and commissions cannot do?**

- Handle a fee dispute between you and your healthcare provider, or get money back you think is owed to you.
- Discipline healthcare providers not required to be regulated by the department.
- Resolve questions about disability compensation or insurance reimbursement.
- Resolve issues involving rudeness by healthcare providers or their staff members.
- Resolve issues involving typing errors, mistake of facts or miscommunication.
- Provide legal advice or aid to you. This includes, but is not limited to:
  - Whistleblower exemption
  - Help you bring a lawsuit against a healthcare provider
  - Advice about a lawsuit brought against you by a healthcare provider
  - Recommending a lawyer
  - Discussing the merits of your complaint before you file it. The disciplining authority must review your complaint to decide its merits.

### **My healthcare provider is rude. Is there anything I can do about it?**

Rudeness is not a violation of the law. However, actions that mislead, harm, or are of a sexual nature are considered to be unprofessional conduct and should be reported to the department. If you are simply not comfortable with your provider, another option may be to find one more suitable for you.

### **Is there a time limit to file a complaint?**

No. There is no statutory time limit in which to file a complaint; however, it's possible that a case cannot be acted upon because the information needed to make a decision is no longer available. It's best to report as soon as possible so the records can be obtained and potential witnesses can be located. It's a good idea to make a written note of the circumstances soon after the experience so facts are not forgotten. When submitting a complaint, be as specific as you can with the facts and dates.

### **Who do I contact if I disagree with my billing statement?**

Contact the healthcare provider. The department, boards, and commissions do not handle billing disputes unless fraud appears to be involved. You may want to contact the Attorney General's Office.

[Washington State Attorney General Consumer Protection Division](#)

800 Fifth Ave., Suite 2000  
Seattle, WA 98104  
PH: 800-551-4636

### **Who do I contact if I have a complaint about my health insurance company?**

Contact the Washington State Office of the Insurance Commissioner

[Washington State Office of the Insurance Commissioner](#)

P.O. Box 40255  
Olympia, WA 98504  
Phone: 800-562-6900

### **I want to obtain health insurance. Who do I contact?**

Contact the

- [Health Care Authority](#) at 800-562-3022 for [Apple Health](#),
- [Department of Social and Health Services](#) at 877-501-2232 for classic Medicaid
- [Washington Health Plan Finder](#) at 855-923-4633.