



Mississippi Department of Mental Health Office of Consumer Support Complaint Form

INSTRUCTIONS: This form should be utilized by any person for the purposes of filing a complaint against a DMH-certified provider. A complaint is a written or electronically submitted allegation of misconduct or rules violation filed with DMH by any party. (*Operational Standards* Rule 14). Please read carefully and complete this form. All attachments should be submitted with the completed form. Please type or print legibly. Original signatures must be included. If additional space is needed, please provide the information as attachments and reference the application section. The complaint should clearly set forth the allegations to inform DMH and the certified provider of the issue involved. Incomplete forms or failure to respond to DMH requests for additional information may result in the dismissal of the complaint. Substantial complaints are evaluated by the appropriate DMH designee, with possible consultation from the DMH Office of General Counsel. Complaints suggesting imminent harm are prioritized. DMH will notify the DMH-certified provider of the complaint and the investigation within a reasonable time, not exceeding 10 business days. The provider has 15 business days to respond, with possible extensions granted on a case-by-case basis.

The form may be submitted in one of the following ways:

- Electronically: Email the completed form to ocs@dmh.ms.gov.
- Mail: Send the completed form to: Office of Consumer Support; 239 N. Lamar Street, Suite 1001, Jackson, MS 39201.

DMH uses the following criteria to evaluate complaints:

- Whether the agency is currently certified by DMH.
- Whether the allegation, if true, would constitute a violation of DMH Operational Standards or other applicable policies, federal, or state laws.
- Whether the allegation is associated with the quality of services provided by the agency provider.
- Whether the passage of time since the alleged violation requires dismissal.
- Whether sufficient, reliable proof of the charge is available.
- Whether the complainant is willing to provide proof or other required information/documentation.
- Whether the charge appears sustainable considering the available proof.
- Whether the complaint is related to a court order or a matter before the court system.

If sufficient cause is found, the complaint may lead to an informal settlement conference or further evaluation by the Certification Review Committee (CRC), potentially resulting in an administrative hearing.

- **Informal Conference:** If an informal conference is held, both the complainant and respondent may present evidence and be represented by legal counsel. Recommendations for resolution are made following the conference.
- **Hearing:** If a hearing is needed, the respondent is notified at least 30 calendar days in advance.

Section A

Contact Information: Please include the contact information for the person that is filing the complaint.

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if not same as street address): _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Primary): _____ (Secondary): _____

Email Address: _____



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Section B

Complaint Details: Fill out all sections of the form with accurate and detailed information.

Name of the Aggrieved Party: _____

Contact Information (Phone/Email): _____

Date of Incident: _____

Location of Incident: _____

Name of DMH-Certified Provider: _____

Complaint Details/Statement of Complaint (Please describe the violation of rights, policy, or provider certification rule): _____

Disposition or Attempts at Settlement (if applicable): _____

Section C

Waiver of Confidentiality: By submitting a complaint, the complainant waives confidentiality as necessary for DMH to review the alleged violation.

By submitting this complaint, I understand that I am waiving confidentiality as necessary for DMH to review the alleged violation.

Signature

Date

Type or Print Name and Title of Individual Signing

For DMH Use Only:

Received By: _____ **Date:** _____

Case Number Assigned: _____