

DDA Formal Complaint Form

Please consider the following, before you file a formal complaint and complete the form on the backside of this page.

To file a formal complaint under the DDA Formal Complaint System:

1. You must be a person receiving services from the Developmental Disabilities Administration (DDA) or someone filing on behalf of a person receiving DDA services, with their consent.
2. The formal complaint must be about:
 - a. The denial, delay, reduction or termination of DDA supports or services including Medicaid waiver services through the DDA Formal Complaint System.
 - b. The application of DDA policies, procedures, or practices to the person
 - c. The application of DDA providers' policies, procedures, or practices to the person
3. The formal complaint may **NOT** be about:
 - a. Something that is not about DDA or a DDA Provider
 - b. DDA initial eligibility
 - c. Challenges to pending IMEU investigations or appeals of IMEU investigation reports
4. If your formal complaint is about a DDA provider, you must file a formal complaint with your DDA provider before you can file a formal complaint with DDA.

DDA Formal Complaint Form

Name (of person receiving DDA services):		Today's Date:
Contact Information: Phone (Home) – (Cell) – Mailing Address – Email –		Preferred Method of Contact (Circle): Home Phone Cell Phone Mail Email Is it okay to leave a message? (Circle) YES NO
Filing on Behalf of Someone Else? (Circle) YES NO	If yes, your name: Contact Info:	
Date(s) or Time Frame of Event(s):		
Location(s) of Event(s):		
Agency Involved:		
Person(s)' Name and Title Involved:		
Have You Filed a Formal Complaint with a DDA Provider? (Circle) YES NO If yes, please describe your complaint with Provider CEO Decision in the space below.		

Summary of Formal Complaint

What Went Wrong? What Happened? Why are You Unhappy?

Proposed Solution

What Would Fix This Problem? What Do You Want to Change?