Living Alternatives for the Developmentally Disabled, Inc.

L.A.D.D., Inc.

## **COMPLAINT FORM**

This form provides a process for the people we support guardians, employees, personnel from other agencies and community members to discuss or file complaints, grievances, violations or problems with the organization or its employees, including Management, and to receive careful consideration and a prompt resolution. All the above listed individuals are encouraged to discuss service-related complaints or problems with Management or the Corporate Compliance Officer (CCO); appeal an unfavorable decision to a higher authority in the company; or file a complaint via fax, mail, email, phone, voicemail, face-to-face or through this Complaint Form process. In certian circumstances it is possible to have your complaint reviewed by an external reviewer, outside of LADD. The Corporate Compliance Plan provides that all individuals who submit a complaint are protected against retaliation for filing their complaint.

Please fill out this form and submit through any of the above-mentioned methods. You may report with or without using your name. This reporting system is designed with confidentiality in mind. L.A.D.D., Inc. will do it's best to restrict your report on a "need to know" basis. No disciplinary action will be taken for merely reporting. For more information please see the CEP. Management has the obligation to conduct a prompt, thorough and impartial investigation.

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*Anyone requiring asssistance in completing this from may contact must help the person understand this form and interpret t I. What is the complaint about?			
1. What is the complaint about:			
II. Tell us about what happened, when and whom this involves. P	lease tell us how this made y	ou feel.	
III. Please tell us what you would like to see done about this pro	blom and how you think it s	hould be corrected	Attach additional
sheets if necessary.	blem and now you tillik it s	modia be corrected.	Attach additional
VI. Have you talked with Management?			
☐ No ☐ Yes If yes, who did you speak with and when w	as it?		
If you have not talked with that person, can you tell us why?			
Thank you for bringing your concern to our attention. We will try to touch with us during the process. Our experience suggests that for complaint.	• • •		-
Signature	Date		
*Signature of Person Providing Assistance (if needed)	Date	77	
Send To: L.A.D.D., Inc. Corporate Compliance		Management Use	
300 Whitney Street		Date Rec'd: Closed:	Date Tracking
Dowagiac, MI 49047		#: if needed:	Copy to ORR
Anonymous Reporting: 1-855-607-1737			
Fax: 269-782-3828			
Email: corporatecompliance@laddinc.net			