



ALAMO LOCAL AUTHORITY COMPLAINT/GRIEVANCE FORM

The Alamo Local Authority (ALA) is committed to providing quality services. If, at any time, you have a concern regarding the ALA staff or Provider, please follow the instructions as outlined below. We will respond within 3 (three) business days.

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Intake | <input type="checkbox"/> Eligibility | <input type="checkbox"/> General Revenue Program |
| <input type="checkbox"/> HCS Waiver | <input type="checkbox"/> TxHmL Waiver | <input type="checkbox"/> Continuity of Services |

To complain/grieve in reference to Authority Program (Client)

To file a complaint/grievance about Service Coordination please, complete this form and mail/fax/email your completed form to:

Para someter una queja sobre su Coordinador(a) de Servicios por favor llene esta forma y envíela por correo/fax/correo electrónico a:

Attn: Client Rights Officer
8700 Tesoro Drive, Suite 800
San Antonio, TX 78217
Phone: 210-832-5020 Fax: 210-225-5937
Email: cro@aacog.com
Monday through Friday 8:00 am – 5:00 pm

To complain/ grieve in reference to Program Provider (Client)

To file a complaint/grievance concerning your Service Provider, please complete this form and mail/fax/email your completed form to:

Attn: Client Rights Officer
8700 Tesoro Drive, Suite 800
San Antonio, TX 78217
Phone: 210-832-5020 Fax: 210-225-5937
Email: cro@aacog.com
Monday through Friday 8:00 am – 5:00 pm

To discuss issues/concerns regarding Alamo Local Authority (Client or Provider)

To discuss issues/concerns concerning the Alamo Local Authority, please contact:

Client Rights Officer
P: 210-832-5020 F: 210-225-5937
Email: cro@aacog.com
Monday through Friday 8:00 am – 5:00 pm

OR CALL Texas Department of Aging and Disability Services
Consumer Rights and Services
Toll Free 1-800-458-9858
www.txabusehotline.org

Texas Department of Family and Protective Services (DFPS)
Abuse/Neglect Hotline
Toll Free 1-800-252-5400
Monday through Friday 8:00 am – 5:00 pm



ALAMO LOCAL AUTHORITY COMPLAINT/GRIEVANCE FORM

Texas Department of Aging and Disability Services

P.O. Box 149030
Austin, TX 78714-9030

701 W. 51st St
Austin, TX 78751
(512)-438-3011

Consumer Services and Rights Protection **Hotline**
Toll Free 1-800-458-9858
1-800-735-2988 (for the deaf or speech impaired – TDD)
TDD 1-800-735-2989
www.dads.state.tx.us

Texas Education Agency (TEA) Public School of Complaint

Call Toll Free: 1-800-252-9668

State Board of Medical Examiners

Complaint Line for Physician & Physician Assistance
Toll Free: 1-800-201-9353

Disability Rights Texas (Previously Advocacy Inc.)

South Texas Regional Office
6800 Park Ten Blvd, Suite 208-N
San Antonio, TX 78213-4207
1-210-737-0499 (Voice)
1-210-737-2403 (Fax)
1-866-362-2851 (Video Phone)

Or

Statewide Intake (Austin, TX) Toll Free 1-800-252-9108

You are entitled to file a grievance. A grievance is a means to resolve a disagreement between a consumer of a service and the agency that provides it.

A grievance is a statement expressing concerns about a circumstance thought to be unjust or a disagreement with how services are provided. Grievance should identify the basis of the dispute, including specific facts, and provide relevant documents or any other information pertinent to the matter.

The person filing the complaint/grievance must have legal status to do. The grievant must be the person receiving the service, the parent of a minor receiving service, or the legal guardian or a recipient of service.



ALAMO LOCAL AUTHORITY COMPLAINT/GRIEVANCE FORM

To: Alamo Local Authority for IDD
 Quality Improvement Services
 Attn: Client Rights Officer
 8700 Tesoro Dr STE 800
 San Antonio, TX 78217

From: _____

Consumer Name _____ Local Case Number _____

Consumer Date of Birth _____

LAR (if applicable) _____

Consumer address _____

Consumer phone number(s) _____

Consumer's email address _____

- | Complaint | Formal Grievance | Client Rights | Compliments |
|---|---|---|---|
| <input type="checkbox"/> Billing | <input type="checkbox"/> Services | <input type="checkbox"/> Abuse | <input type="checkbox"/> ALA SC |
| <input type="checkbox"/> Services | <input type="checkbox"/> Services Coordination | <input type="checkbox"/> Neglect | <input type="checkbox"/> Provider Staff |
| <input type="checkbox"/> Services Coordination | <input type="checkbox"/> Contractual Obligation | <input type="checkbox"/> Exploitation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contact | <input type="checkbox"/> Staff | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Contractual Obligation | <input type="checkbox"/> Other | <input type="checkbox"/> Health | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Provider Incident Report Attached | |

Comments: _____

***Please attach additional comments and reports to this form.**

Print Name: _____ Date: _____

Signature: _____

Fax completed form to CRO (210) 824-5130 or email cro@aacog.com

Alamo Local Authority Personnel Only

Follow-Up/Resolution:

Client Rights Officer Signature _____ Date _____

***If you are not satisfied with the follow-up/resolution, please contact DADS Client Rights (800) 458-9858**