



Epilepsy- Pralid, Inc. (EPI)
NHTD or TBI Waiver Complaint Form

Complaint ID# _____
LHCSA: _____

As a participant of Epilepsy- Pralid, Inc. (EPI) NHTD or TBI waiver program services, you may use the following form to address any complaint you have regarding your service.

You, your parent, guardian, correspondent and advocate may initiate a complaint. A capable adult person receiving services may refuse the initiation of a complaint or subsequent appeal on his or her behalf.

A person, his or her parent, guardian, correspondent and advocate, as applicable may select a representative of his or her choice to provide assistance and/or representation.

Please review the Procedure for Complaint for additional information.

Contact Information:

Providing information will allow Staff to contact you if additional information is needed. We will keep your name confidential; however, it may be necessary to share the nature of your complaint or your name with Epilepsy- Pralid, Inc. representatives.

Do you wish to remain anonymous? (See above explanation) YES NO

Please provide the following information (or complete on behalf of complainant):

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime phone: _____ May we leave a message? YES NO

Email address _____

Which Waiver are you involved with? NHTD TBI Don't know

Have you talked to anyone about your complaint? YES NO

If Yes, Name of person contacted _____

If Yes, Was your concern resolved? YES NO

If no, please explain _____



Epilepsy- Pralid, Inc. (EPI)
NHTD or TBI Waiver Complaint Form

Complaint ID# _____

What is the date of your concern, or the date it was reported to you? _____

What is your concern, or the concern that was brought to your attention?

Signature of complainant: _____

Date: _____

Name of Person Assisting in Writing the Complaint: _____

Signature: _____

Date: _____

**Return this form to:
Complaint Department
Epilepsy- Pralid, Inc. (EPI)
2 Townline Circle
Rochester, New York 14623**