As a participant of Epilepsy-Pravid, 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-Pravid, 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 __________________________________________

IfYes, Was your concern resolved? YES NO

If no, please explain _______________________________________________________

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rev. 02/24/12
rev. 09/06/12
rev. 08.28.2013
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

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