



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 \_\_\_\_\_



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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?

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Signature of complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person Assisting in Writing the Complaint: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to:  
Quality Improvement Department  
Epilepsy- Pralid, Inc. (EPI)  
1650 South Ave, Suite 300  
Rochester, New York 14620**