



## **Arizona Non-Medical Home Care Association**

### **Consumer Complaint/Dispute Form**

The Arizona Non-Medical Home Care Association advocates consumer rights. The Association believes that the consumer has a responsibility to first contact that business in an effort to inform the Provider Business of the difficulties and to give the Provider Business an opportunity to correct the situation. If a Non-Medical Home Care Provider Business has been apprised of a perceived problem by a consumer, the Association holds that the Provider Business has a duty to respond to that issue in a timely manner.

In order to initiate the Association's Consumer Complaint/Dispute process, the Association requires the following:

1. The consumer must send a certified letter, with return receipt, to the Provider Business, detailing names of individuals involved, dates, issues and the nature of the consumer's complaint.
2. If after ten (10) days from the date the Provider Business received the certified letter from the consumer, the consumer believes the matter is still unresolved, the consumer may file this form and required documentation with the Association to initiate the Association's Complaint/Dispute Process.
3. The Association will only address issues or complaints that are within the Association's scope of review, which are:
  - A. Disputes concerning whether services for which a fee was charged were rendered.
  - B. Disputes concerning alleged breaches of the Association's Code of Business Ethics.
  - C. Disputes concerning the quality of care services rendered.

The Association uses a Peer Review Process for complaints and disputes. To understand more about this process, follow this link:

If you want to file a complaint and the complaint is within the scope of the Association's review, complete the remainder of this form. Use additional sheets as necessary. Remember to include the substantiating documentation the Association requires, and mail it to:

Executive Director  
AzNHA  
PO Box 31687  
Mesa, AZ 85275

No unsigned, incomplete or anonymous complaints will be accepted for review by the Association.

Non-Medical Home Care Provider Business Name	Complainant Name
Street Address	Street Address
City State Zip	City State Zip
Telephone Number Fax Number	Home Telephone Number Fax Number
Name of the persons you primarily dealt with:	Cell Phone Number Email Address

Check which box below most accurately describes the nature of your complaint:

- Disputes concerning whether services for which a fee was charged were rendered.
- Disputes concerning alleged breaches of the Association's Code of Business Ethics.
- Disputes concerning the quality of care services rendered.

Have you complained to the Provider Business? Yes  No

What was their response? \_\_\_\_\_  
 \_\_\_\_\_

Have you sent a certified letter, with return receipt, to the Provider Business detailing your complaint?

Yes  No

Did you sign any documents with the Provider Business? Yes  No

What are they? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is any legal action been taken or pending? Yes  No

Please explain? \_\_\_\_\_  
 \_\_\_\_\_

Briefly explain your complaint: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What action have you taken to resolve this complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you want this complaint to be resolved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Consumer Conflict/Dispute Form Mailing Check-off List.**

Please use this list to verify that you have included all the necessary forms and paper work for the Association to review your complaint. You need to include the following in the packet you mail to the association:

- The completed, signed and dated original of the Association’s Consumer Conflict/Dispute Form.
- A copy of the registered letter and the return receipt sent to the Provider Business in question.
- Copies of all the documents you signed with the Provider Business.
- Copies of any other relevant documentation that you believe important to your complaint/dispute (i.e. warranties, bills received, copies of front and back of checks for bills paid, correspondence, etc.)
- The names, addresses, and telephone numbers of any other person you would believe important to substantiating your complaint/dispute.

In filing this complaint, I understand that the Arizona Non-Medical Home Care Association’s peer review process, whether original or on appeal, are advisory only and the Peer Review Committee shall have no disciplinary powers over the participants in peer review. I further understand that if I have any questions concerning my legal rights or responsibilities, the Association cannot give me legal advice and I should contact a private attorney. I further understand that if any legal action is initiated concerning this Complaint/Dispute during the review process, the review process will immediately terminate. I hereby give my consent to the disclosure of the contents of this complaint. The above complaint is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Printed Name