



## Submit A Quality of Care Complaint

Please provide as much information as possible to assist in determining what steps need to be taken. If you would prefer to talk to someone about this information, please call the MWI Grievance Monitor at 605-573-2000 Monday through Friday between 8:00 to 5:00. If after hours, on a weekend or a holiday, please leave a voice message with your contact information. If this is a concern of child abuse or neglect, please call the Child Protection Services Intake Toll Free at 1-877-244-0864 Monday through Friday between 8:00 to 5:00. If after hours, on a weekend or a holiday, call 911.

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List the name of the facility/shelter provider or the name of the person you have a concern with: (This field is required.)

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List the address or city of the facility/shelter provider (if unknown, describe approximate location): (This field is required.)

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If known, list the telephone number of the facility/shelter:

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When did this concern occur? If you know the date, please enter MM/DD/YY. (This field is required.)

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**Describe what happened (see below for details that should be included):** NOTE: The grievance monitor will need to have enough details about the situation to determine intervention next steps. When providing details about your concern, think in terms of sharing.

WHO-- Who is involved (name of program, staff person, or names of child or children, etc.) (This field is required.)

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WHAT-- What happened to you, a child or children; be specific about what occurred. (This field is required.)

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WHERE-- Where did this happen (at the facility, a park, in what specific classroom, bedroom, bathroom, etc.) (This field is required.)

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WHEN-- When did this happen (date, time of day, during class or lunch time, etc.);--Was this the first time it happened? If not, how many times has this happened? How long has it been happening? (This field is required.)

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HOW-- Describe in detail how it happened and how you found out about this issue if it happened to someone other than yourself. (This field is required.)

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Did you report your concern to any other person? (This field is required.)

- Yes
- No

If yes, who did you report it to?

- Facility/Program Staff
- Administrator
- Case Manager
- Local Police
- Child Protection Services
- Family Service Specialist (FSS)
- Juvenile Correction Agent (JCA)
- Parent / Family Member / Guardian
- Other, (If you have reported it to someone else, please state that below.)

If reported to more than one person, please provide each person's name (first & last name) below. What is their phone number?

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Where (what city) is the person you reported to located? (This field is required.)

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When did you report your concern? (MM/DD/YY) (This field is required.)

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How did you report your concern? (This field is required.)

- In Person (face to face)
- Phone Call
- In Writing (email or letter)
- Other (If you have selected other, please specify below.)

Other:

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How often do you have contact with this facility/shelter?

- Daily
- Weekly
- Monthly
- Never

How do you know the facility/shelter provider involved in your concern? (This field is required.)

- I am a current resident of the facility/shelter program
- I am a former resident of the facility/shelter program
- I am a current employee of the facility/shelter
- I am a previous employee of the facility/shelter
- Facility/shelter provides care for my child
- Facility/shelter provides care for a friend or relative of mine
- I am a Mandated Reporter/Professional
- I don't know the provider, I witnessed this incident
- Other (If you have selected other, please explain below.)

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Is there anyone else who might have knowledge of this concern that we should contact? (This field is required.)

- Yes
- No

If yes, what is the person's name? (First & Last)\_\_\_\_\_

If yes, what is the person's phone number?\_\_\_\_\_

Taking the time to tell us your concerns is very much appreciated. The name of the person making a complaint is not provided to the facility/shelter when addressing the complaint. If the facility/shelter attempts to guess who made a complaint, the grievance monitor will not confirm or deny who made the complaint. If there is not enough information provided on this complaint form, we may not be able to address your concerns. For purposes of obtaining more information or clarifying the details you have submitted, please list your contact information below:

Your name: (First & Last)\_\_\_\_\_

Your phone number:\_\_\_\_\_

Your email address:\_\_\_\_\_

**Please mail to:  
MWI Health  
Attn: Grievance Monitor  
4308 S Arway Dr  
Sioux Falls, SD 57106**