



Illinois Department of Public Health
Office of Health Care Regulation
Central Complaint Registry
525 W. Jefferson St., Ground Floor
Springfield, IL 62761-0001
Fax Number: 217-524-8885
Email Address: dph.ccr@illinois.gov

Central Complaint Registry Hotline – 800-252-4343
TTY for the Hearing Impaired Only – 800-547-0466
Available 24 hours a day - 7 days per week

Directions: You may download this form, complete the information, and mail, fax, or email it to the Illinois Department of Public Health’s Central Complaint Registry at the address/numbers provided above. Please be sure to fill out the form completely so a proper investigation may be completed.

Complaints submitted on this form are limited to occurrences in hospitals, home health agencies, hospices, end-stage renal dialysis units, ambulatory surgical treatment centers, rural health clinics, critical access hospitals, free standing Emergency Center, clinical laboratories (CLIA), outpatient physical therapy, alternative healthcare delivery, portable X-ray services, community mental health centers, accredited mental health centers (only Medicare Certified), comprehensive outpatient rehabilitation facilities, health maintenance organizations (HMOs), nursing homes, skilled nursing homes, licensed facilities for individuals with intellectual disability, and assisted living facilities. The Department’s Central Complaint Registry is limited to mandates provided in the licensing acts, regulations, and federal Medicare Conditions of Participation or coverage for the programs the Department manages.

Emails, facsimiles, and mailed complaint forms that are sent/received after 4:30p.m. will not be seen until next business day. If a resident’s immediate health and/or safety are at risk please call 800-252-4343 to speak with an IDPH representative.

Date of Occurrence _____

Facility _____

Address _____ City _____ State _____ ZIP Code _____



All complaints are handled as quickly as possible based upon severity guidelines and priority standards. If an address is provided, a written response will be sent upon conclusion of the investigation. If an address is not provided, the complaint will be filed as anonymous and a response will not be available. Please allow up to 120 days to receive the response.

Complainant Name _____

Address _____ City _____ State _____ ZIP Code _____

Daytime Telephone _____ Cell _____

Name of Patient/Resident _____

Date of Birth _____ Sex _____

Current Status of Patient (Transferred, Expired, Hospitalized, still in the facility, discharged, if other please explain)

Identify any witnesses to the occurrence by name and title (Mother, Sister, Brother, friend, RN, LPN, CNA, etc.)

Describe what actually occurred. Limit comments to the facts. Identify who, what, when, and where. Describe any physical harm incurred by the patient.



If known, please include if the facility is aware of the situation. Was law enforcement notified? If you reported the incident identify who you reported the incident/complaint to, the date, and any action(s) taken by the facility/law enforcement to assist you.

Add description of what occurred here:



Complaint Investigations Frequently Asked Questions

The Department investigates quality of care issues, such as allegations of actual or potential harm to patients, patient rights, infection control, and medication errors. The Department also investigates allegations of harm or potential harm due to an unsafe environment.

Q. What information is needed to file a complaint? Who, what, when, and where.

Who? Patient/resident's name? Names and titles of any others involved including witnesses?

What? Explain what occurred or did not occur.

When? Date/time of incident.

Where did this occur? Name, address, and City of the facility. Where in the facility did the incident occur (room number, unit, or department)?

Q. Who may file a complaint?

Complaints may be filed by, but are not limited to, patients, patient family members, care givers, staff or advocacy groups.

Q. Is the identity of the complainant disclosed?

The identity of the complainant is kept completely confidential. The complainant must provide their name, address and phone number to the Department if the complainant would like to receive written notification of receipt of the complaint and notification of the outcome of the complaint investigation. Complaints may be filed anonymously but the complainant will be unable to obtain the outcome.

Q. What happens after a complaint is filed? When will my complaint be investigated?

Complaints are investigated on a priority basis. Depending on the nature, scope, and severity of the complaint the investigation may take from a few weeks up to several months for the entire process to be completed.

For providers that are accredited by an accrediting organization such as the Joint Commission; Federal law authorizes us to investigate a complaint against an accredited facility only if the complaint alleges the existence of a specific condition(s) that may result in a finding of a substantive health and safety deficiency under federal requirements. Your allegation will be reviewed and if the information submitted, does not establish the potential for a significant health or safety deficiency under federal requirements we cannot request an authorization from the Centers for Medicare and Medicaid (CMS) for an investigation. The complaint must be so serious that, if substantiated, CMS would take action to remove the provider from the Medicare program and stop all Medicare payments. We do not have the authority to impose lesser penalties on providers.

Therefore, in addition to contacting IDPH you may want to contact the accrediting organization for the assistance in investigating your complaint. The attached link lists all of the various types of Accrediting Organizations for the various providers:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Accrediting-Organization-Complaint-Contacts.pdf>



Q. How do I file a complaint with the Department?

You may file a complaint by telephone, mail, email, or fax. By telephone, you may call the Department's Central Complaint Registry, 24 hours a day/7 days a week at 800-252-4343. You may also submit your complaint in writing to:

Illinois Department of Public Health
Office of Health Care Regulation
Central Complaint Registry
525 W. Jefferson St., Ground Floor
Springfield, IL 62761-0001

Email: dph.ccr@illinois.gov
Fax: 217-524-8885
TTY: 800-547-0466

If you have Internet access, you may download the complaint form from the Department's website at <http://www.dph.illinois.gov>

Q. Are there other agencies that may address some issues or areas of concern?

Yes. Please see the following list for other agencies that may be better able to address your complaint. For instance, complaints against specific physicians or other licensed health care personnel should be addressed to the Illinois Department of Professional Regulation. For complaints concerning billing issues or insurance disputes, please contact either the Attorney General's Health Care Fraud Unit or the Illinois Department of Insurance.

- 1) Insurance billing issues should be referred to the Illinois Department of Insurance at 877-527-9431 or 866-445-5364. To file a complaint online go to <http://insurance.illinois.gov/Complaints/UnderstandComplaintProcess.htm>
- 2) Possible health care fraud should be referred to the Attorney General's Health Care Fraud Unit at 877-305-5145 (TTY 800-964-3013) or fax 312-793-0802. To file a complaint online go to <http://www.ag.state.il.us/consumers/filecomplaint.html>
- 3) Licensed personnel issues should be addressed to the Illinois Department of Financial and Professional Regulation at 312-814-6910. To file a complaint online go to <https://www.idfpr.com/admin/DPR/DPRcomplaint.asp>
- 4) Illinois Department of Human Services
Office of Mental Health
100 South Grand Ave. West
Springfield, IL 62762-0001
312-814-3784



- 5) This is the Medicare Beneficiary Quality Review Organization
Livanta is Illinois Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)
BFCC-QIOs are responsible for medical case review, which supports the rights people on Medicare. BFCC-QIOs can help you if you have a concern about the care you have been receiving or if you want to request a review (appeal) of your discharge from a health care facility. (<https://www.livantaqio.com/en/states/illinois>)

10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105

Contact number: 888-524-9900
Fax: 844-420-6671
TTY for all areas: 888-985-8775

Hours of operation: Weekdays: 9 a.m. to 5 p.m. Eastern time and Saturday and Sunday 11 a.m. to 3 p.m. Eastern time

To file a complaint, call the number above or go the link below, complete and sign the complaint form and mail to the address above or fax to 844-420-6671.

<https://www.livantaqio.com/assets/file/cms10287english.pdf>

General Contact Information

<https://livantaqio.com/en> (If you are a facility, Medicare beneficiary, or representative and have questions about a specific case, please call the toll-free number for your state listed above. Please do not send personal, protected health information [PHI], such as a Medicare number or patient/provider name, to this email address)

- 6) For billing issues with Medicare, you may call 1-800-Medicare (1-800-633-4227) to talk directly with a Medicare customer representative, or with the Senior Health Insurance Program (SHIP) within the Department of Aging at 800-548-9034 or 800-252-8966 or via email at:

<https://www2.illinois.gov/aging/ship/Pages/default.aspx>

<https://www.medicare.gov/contacts/#findsomeone&stateCode=IL|Illinois>

Q. Who should I contact to check the status of my complaint?

To check the status of your long-term care complaint, contact the Department's Bureau of Long-Term Care at 217-782-5180. For non-long term care complaints contact the Department's Division of Health Care Facilities and Programs at 217-782-7412. To make inquiries, you must have the name and location of the facility. This is not a toll-free call.