

Home Care Colorado

Filing a complaint

Check the box below to indicate the agency type and answer the following questions. Fax the completed form to (303) 753-6214 or mail it to the Health Facilities and Emergency Medical Services Division, 4300 Cherry Creek Drive South, Denver CO 80246.

Personal Care/Homemaker Complaint

Home Health Agency Complaint

Your name	
Address	
Phone number	
Email address	

Name of the agency you are filing a complaint about.	
This agency's address and phone number.	

Describe what happened and why are you filing this complaint.	
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List the date(s) that the problem occurred on.	
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<p>Is the problem still on-going?</p>	
<p>List the names of the people involved in this complaint.</p>	
<p>Have you talked with the agency about your concerns?</p> <p>Was there any resolution?</p>	
<p>Names and phone numbers of other persons we can contact about this complaint.</p>	
<p>Would you like us to try to keep your name confidential?</p> <p>click for more information</p>	
<p>Describe any other details that might be helpful.</p>	

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