Alabama Sickle Oversight and Regulatory Commission (ASCORC)

Alabama Department of Public Health
ATTN: Office of Community Affairs
201 Monroe Street
Suite: 1040
Montgomery, AL 36104
Telephone: 334-206-2696
Fax: 334-206-3717

Summary of Complaint Process (See 825-X-2-.04 for complete text)

- **Part I: Initial Complaint**
  - This process is initiated by the Complainant filing a Complaint against the Complainee (an individual or entity regulated by the ASCORC pursuant to 825-X-2-.01(3)) within ninety days of the alleged incident.
  - The Complainee shall then investigate the alleged incident and make a final determination concerning the Complaint.
  - The Complainee's final decision must be in writing and be provided to the Complainant.
- **Part II: Appellate Process**
  - If the Complainant disagrees with the Complainee's determination, then the Complainant shall appeal the decision to the ASCORC within the thirty days of the Complainee's final decision ("appellate process").
  - The Complaint may re-use this form to initiate the appellate process with the ASCORC, but the Complaint should specify whether this form is being filed pursuant as an initial complaint (Part I) or as an appeal (Part II).
  - It is critical for the Complainant to specify whether this form is being filed pursuant to Part I or Part II and to follow the directions accordingly.

Submission of this Form

- If this form is being submitted pursuant to **Part I:** Initial complaint, please submit it to the Complainee (the individual or entity regulated by the ASCORC pursuant to 825-X-2-.01(3)) within ninety days of the alleged incident.
- If this form is being submitted pursuant to **Part II:** Appellate Process, please mail it to:
  - ASCORC
    Alabama Department of Public Health
    ATTN: Office of Community Affairs 201 Monroe Street Suite 1040
    Montgomery, AL 36104
  - Or Submit it via email: alsicklecellcommission@sicklecell.alabama.gov

Complaint filed against (choose one):

___Individual regulated by the ASCORC ___ Entity regulated by the ASCORC

Complaint is filing this form

___With the Complainee pursuant to Part I: Initial Complaint

___With the ASCORC pursuant to Part II: Appellate Process (Note: this step is available only after the Complainee has issued a final decision and Part I has been completed.)

Individual Registering Complaint (Complainant)

Name _____ Telephone _____

Address _____

City and State _____

Email Address _____

Is this complaint being filed on behalf of an agency, corporation, or institution? If yes, please specify:

_____

Individual or Entity Against Whom Complaint Is Filed (Complainee)

Name _____ Telephone _____

Address _____

City and State _____

Is the individual against whom this complaint is filed regulated by this Board? _____

Date(s) and times(s) of the alleged incident: _____

Location(s) of the alleged incident: _____

Nature of Complaint: Service(s) the Complainee Failed to Provide

(Please check all that apply. Complaint may be videoed and submitted via flash drive or email.)

_____ Public and Professional health education which shall be provided by persons specially trained for the task.

____ Screening for Sickle Cell Disease or Sickle Cell Trait for interested parties within a designated area by accurate laboratory techniques.

____ Genetics counseling and decision-making counseling which shall be offered to all parents of infants who are affected with Sickle Cell Disease and to those parents and patients at risk of having other children affected with this disease.

____ Medical referral and follow-up which shall consist of a prompt definitive diagnosis of patients found to have medically significant hemoglobin and the medical management of painful episodes, infections, and other complications which shall be provided by physicians and other medical professionals.

____ Psychosocial support services which shall be provided to help patients affected with Sickle Cell Disease to live a happy and successful life.

Other_____

Details of Complaint

Include specific details such as names of people involved, dates, location, information about the alleged violation(s), and any other pertinent facts. Complaints cannot be accepted without an original signature. Please sign and date each page if additional pages are necessary.

_____

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Are you aware of any action that has been taken relative to this matter, prior to the filing of this complaint? If yes, please specify:

_____

_____

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_____

Complaint Signature

If submitted pursuant to Part I: I hereby certify that this complaint is presented to the individual or entity regulated by the Alabama Sickle Cell Oversight and Regulatory Committee. Complete and return the form to the entity within ninety (90) days of the incident.

Signature: _____ Date:_____

If submitted pursuant to Part II: I hereby certify that this complaint is presented to the ASCORC. Complete and return the form to the entity within thirty (30) days of the Complainee's decision.

Signature: _____ Date: _____

Complaints cannot be accepted without original signature

WAIVER OF ANONYMITY

I, _____, having made a formal complaint to an individual or entity regulated by the Alabama Sickle Cell Oversight and Regulatory Commission, (ASCORC), waive my anonymity to assist in the investigation of this complaint. I understand that ASCORC may have to reveal my identity to fully investigate the complaint. I will not hold ASCORC, its members, or employees liable for the release of my identity.

Signed this the_____ day of _____, 20_____.

_____ Complainant