

# **Complaint and Incident Intake (CII)**

## **Training Guide**

How to submit a complaint report against any provider that is licensed or certified by Texas Health and Human Services.

April 9, 2020

Version 0.6

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# Training Guide Overview

Texas Health and Human Services Commission has introduced a new portal under the existing Texas Unified Licensure Information Portal (TULIP) for submitting complaints against any provider that is licensed or certified by Texas Health and Human Services that has broken the rules.

Complaints can come from anyone — the person affected, family members, health care providers, advocates, police or other state agencies. Complaints can be made about the care, treatment or services received by people who live in or receive services from:

- Abortion Centers
- Ambulatory Surgical Centers
- Assisted living facilities
- Birthing Centers
- Clinical Laboratories
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Crisis Stabilization Units
- Day activity and health services
- End Stage Renal Disease Facilities
- General, Special and Psychiatric Hospitals
- Home health
- Intermediate care facilities (also called public and private group homes)
- Hospice
- Narcotic/Opioid Treatment Facilities
- Nursing homes
- Outpatient Physical Therapy or Speech Pathology Service Facilities
- Personal assistance services
- Portable X-Ray Services
- Rural Health Clinics
- State supported living centers
- Special Care Facilities
- Substance Abuse (chemical dependency) Treatment Facilities

# 1. How to submit a complaint

## 1.1. Complaint Submission

To submit a complaint online, please visit the link (<https://txhhs.force.com/complaint>). We highly recommend anyone submitting the complaints online to bookmark this page for future use.

If you have an existing TULIP account, the complaints portal can also be accessed from your TULIP dashboard button 'Submit a Complaint' as shown in the image below.

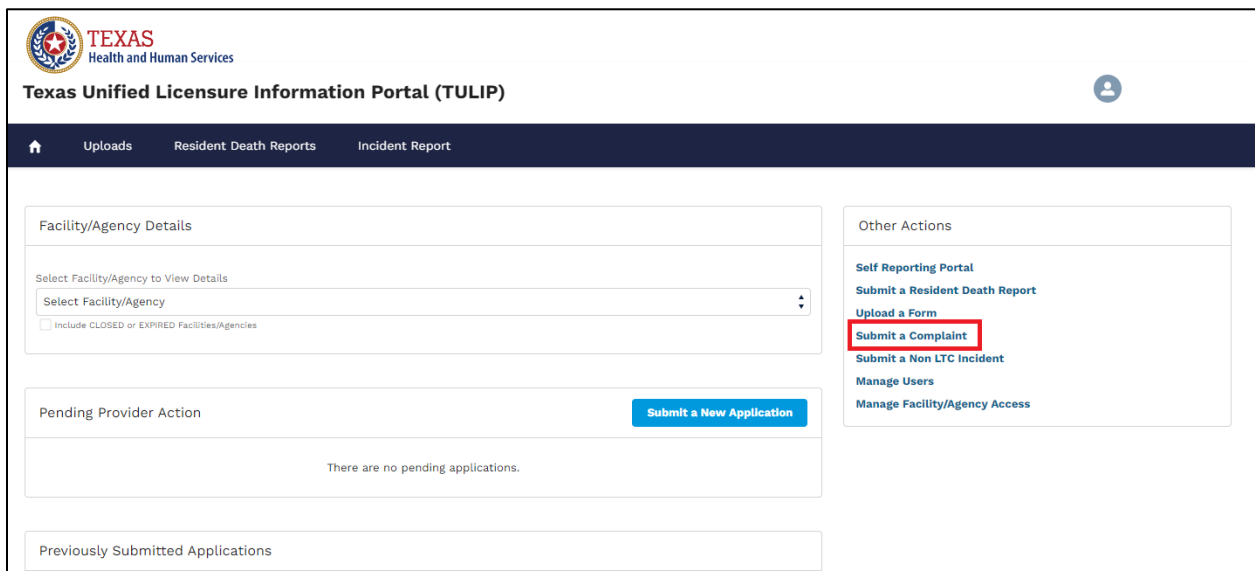


Figure 1. TULIP Provider Homepage

To begin with the complaints report, you will need to identify the facility or agency against which you want to submit a complaint.

Home

Submit a complaint against a provider that is licensed or certified by Texas Health and Human Services

Current Step: 1 of 7

### Identify your Agency/Facility

Please be as specific as possible in describing the complaint. Please include unit number, room number and floor, if known. Please ensure the facility selected is the correct facility. If you are unable to locate the facility information, they may be operating without a license. The complaint will then need to be called to 1-800-458-9858 or e-mailed to [ciccomplaints@hhsc.state.tx.us](mailto:ciccomplaints@hhsc.state.tx.us) for nursing homes, assisted living facilities, intermediate care facilities, state supported living centers, home health, hospice, personal assistance agencies and day activity and health services.

If you are not able to locate the following provider types: abortion centers, ambulatory surgical centers, birthing centers, community mental health centers, comprehensive outpatient rehabilitation facilities, end stage renal disease facilities, freestanding emergency medical care facilities, general hospitals, special and psychiatric hospitals, crisis stabilization units, laboratories (CLIA), outpatient physical therapy or speech pathology service facilities, portable x-ray services, rural health clinics and special care facilities – the complaint will then need to be called to 1-888-973-0222, Option 4 or e-mailed to [hfc.complaints@hhsc.state.tx.us](mailto:hfc.complaints@hhsc.state.tx.us). If you are not able to locate a substance abuse (chemical dependency) treatment facility or narcotic/opioid treatment facility – the complaint will need to be called to 1-888-973-0222, Option 8 or e-mailed to [cli.sa@hhsc.state.tx.us](mailto:cli.sa@hhsc.state.tx.us)

Documents may be uploaded at the end of the submission process.

For additional information and frequently asked questions regarding submitting a complaint, please visit HHSC website at <https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake/how-do-i-make-a-complaint-about-hhs-service-provider>

For step by step instructions on how to submit a report, please click on the 'User Guide' button at the bottom left corner of this page.

To get started enter the Agency/Facility Name, Agency License Number/Facility ID (including any leading zeros) or Address and Click Search

Search for an Agency/Facility

Search

User Guide

Figure 2. "Identify your agency/facility" page

1. Search for the agency/facility you want to submit the complaint for using agency/facility name, agency license number/facility ID or address and click on search button. System displays the search results and you must select the agency/facility you want to submit a complaint for and click on next button.

Submit a complaint against a provider that is licensed or certified by Texas Health and Human Services

Current Step: 1 of 7

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To get started enter the Agency/Facility Name, Agency License Number/Facility ID (including any leading zeros) or Address and Click Search

Search for an Agency/Facility

test agency

Q Search → Next X Cancel

Agency/Facility Name	Agency License Number / ...	Address	Service Type	Phone	Agency Type	Provider Type
<input type="radio"/> Test Agency	000123	123 Test Blvd, Austin Texas, 00000		1234567890	Parent Agency	

User Guide

**Figure 3. Identify your agency/facility**

## 2. Enter complaint data

The following screenshots will show the layout of complaint report. The fields will vary in type:

- Free text
- Numerically-restricted
- Email-restricted
- Picklists (both single- and multiple-selection)
- Checkboxes
- Popup entry boxes

Fields that have red asterisk (\*) at the beginning of the field label name are required fields

Current Step: 2 of 7

## Agency/Facility Information

Provider Name: Test Agency  
Agency License Number / Facility ID: 000100  
Address: 123 test  
Aus, TX, 78750  
USA  
Phone: (123) 456-7890

The names of complainants are kept confidential and are not disclosed to the facility unless required by law. Complainant information is provided to HHSC investigative staff for a proper investigation that may include contacting the complainant for additional information.

If the complainant elects to remain anonymous, HHSC investigative staff will not have the ability to contact the complainant for additional information, if needed.

Do you want to be anonymous:  Yes  
 No

## Your Information

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Contact Email *	<input type="text"/>
Contact Phone Number *	<input type="text"/>
Relationship to Resident/Patient/Client	<input type="text" value="--Please Select--"/>

**Figure 4. Complaint Report – Step 2**

3. Enter all the required information and click on next to proceed to next step/screen.
4. Select yes if this complaint has identifiable client/resident and click on next to proceed to step 3.1 to add client information

5. Select no if this incident doesn't have an identifiable client/resident and click next to proceed to step 4 – Alleged perpetrator section/screen

Current Step: 3 of 7

## Client/Resident/Patient Information

Does this complaint have identifiable client/resident?

Yes  
 No

[← Back](#) [→ Next](#) [× Cancel](#)

**Figure 5. Complaint Report – Step 3 Client/resident/patient information**

6. Click on "Add client" button to add client information

Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

## Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
-----------	------------	-----	-----	---------

[← Back](#) [+ Add Client](#) [→ Next](#) [× Cancel](#)

**Figure 6. Complaint Report – Step 3.1 Client information**

7. Enter client information and click on "save" button to add and save client information



Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

## Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
-----------	------------	-----	-----	---------

### Add new Client/Resident Information

Last Name \*









First Name \*


DOB \*  

SSN \*

Describe the client's/resident's functional ability, level of supervision, relevant medical conditions, and any history of behaviors

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Does the Client have the history of similar incidents?  Yes  No

Figure 7. Complaint Report – Step 3.1 Add New Client

Current Step: 3 of 7

List all clients involved in this self-report and their corresponding information using 'Add client' button below. Do not skip the client section if clients are involved. If no clients are involved or if this incident affects all clients of the facility, please click "Next" to move to the next section

### Add Client/Resident Information

Last Name	First Name	DOB	SSN	Actions
Smith	john	01/09/1969	111-11-1111	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

**Figure 8. Complaint Report – Step 3.1 Client actions**

8. To edit previously entered client information, click on "Edit" button next to the client you want to edit
9. To remove previously entered client, click on "Remove" button next to the client you want to remove
10. Click "Next" button to proceed to next screen/section

Current Step: 4 of 7

**Alleged perpetrators is applicable for facility staff only. This does not apply to residents/patients involved in the incident or resident/patient family members.**

Are there identifiable alleged perpetrators?

Yes, there are identifiable perpetrator(s)  
 No, there are no identifiable perpetrators, or the event was an environmental or other issue.

**Figure 9. Complaint Report – Step 4 Perpetrator information**

11. Select yes if this complaint has identifiable perpetrators and click on next to proceed to step 4.1 to add Perpetrator
12. Select no if this complaint doesn't have identifiable perpetrators and click next to proceed to step 5 – Additional incident information section

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

## Add Perpetrators

Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

← Back

+ Add Alleged Perpetrator

→ Next

× Cancel

**Figure 10. Complaint Report – Step 4.1 Perpetrator information**

13. Click on "Add Alleged Perpetrator" button to add perpetrator information

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.


## Add Perpetrators


Last Name	First Name	DOB	Actions
-----------	------------	-----	---------

### Add new Perpetrator Information

Last Name \*

First Name \*

DOB \*  

Title  

SSN \*

License/Permit Number

Phone

Mailing Address

City

State

Zip Code

Were actions taken regarding this alleged perpetrator?

Yes

No

I do not know if action was taken against the alleged perpetrator

**Figure 11. Complaint Report – Step 4.1 Add New Perpetrator**

14. Enter perpetrator information and click on "save" button to add and save perpetrator information

Current Step: 4 of 7

List all perpetrators involved in this self-report and their corresponding information using 'Add perpetrator' button below. If no perpetrators are involved, please click "Next" to move to the next section.

### Add Perpetrators

Last Name	First Name	DOB	Actions
Vargas	Maria	05/18/1994	<a href="#">Edit</a> <a href="#">Remove</a>

[← Back](#) [+ Add Alleged Perpetrator](#) [→ Next](#) [× Cancel](#)

**Figure 12. Complaint Report – Step 4.1 Perpetrator actions**

- 15.To edit previously entered perpetrator information, click on "Edit" button next to the perpetrator you want to edit
- 16.To remove previously entered perpetrator, click on "Remove" button next to the perpetrator you want to remove
- 17.Click "Next" button to proceed to next screen/section

## Additional Incident Information

Date, Time, and Location of the Incident. Please be specific as possible

Incident Date Date Time

Location

### Other Details

Are there any witnesses?  Yes  No

Please provide a full explanation of your concerns. Please include information concerning frequencies of occurrence, reason this occurred, and whether or not you have taken a course of action such as reporting these concerns to the police, facility administration, etc.

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Police/DFPS case numbers

Were any staff involved?  Yes  No

Was the resident/patient/client injured in any way?  Yes  No

Was the resident/patient/client hospitalized?  Yes  No

What is your expectation/desire for resolution?

Figure 13. Complaint Report – Step 5 Additional incident information

## Summary

### Agency/Facility Information

Agency/Facility Name:	State:
Test Agency	TX
Agency License Number/Facility ID:	Zip Code:
000100	78750
Street Address:	County:
123 test	USA
City:	
Aus	

### Your Information

Anonymous Complainant/Reporter:	State:
No	TX
First Name:	Zip Code:
John	78700
Last Name:	Contact Email:
Smith	Test@gmail.com
Mailing Address:	Contact Phone Number:
101 Test blvd	(111) 111-1111
City:	Relationship to Resident/Patient/Client:
Austin	FRIEND

### Client/Resident Information

Does this complaint have identifiable client/resident?

Yes

Last Name	First Name	D.O.B	Actions
Smith	john	01/09/1969	<a href="#">View Record</a>

Figure 14. Complaint Report – Step 6 Summary of complaint

### Alleged perpetrator Information

Are there identifiable alleged perpetrators?

Yes

Last Name	First Name	Title	Actions
Vargas	Maria		<a href="#">View Record</a>

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### Additional Incident Information

Incident Date Time: Police/DFPS case numbers

Date:  Time:

Incident Location:

What is your expectation/desire for resolution?:

Was the resident/patient/client hospitalized?

Please provide a full explanation of your concerns. Please include information concerning frequencies of occurrence, reason this occurred, and whether or not you have taken a course of action such as reporting these concerns to the police, facility administration, etc.:

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Are there any witnesses?

Was the resident/patient/client injured in any way?

Were any staff involved?

← Back ▶ Submit 🖨 Print Page ✕ Cancel

**Figure 15. Complaint Report – Step 6 Summary of complaint actions**

- 18.To edit report, click on “Back” button to proceed to the step you want to edit information on
- 19.To print summary of complaint, click on “Print Page” button
- 20.To submit report, click on “Submit” button
- 21.Submission confirmation page with intake number is displayed after submitting the report



Current Step: 7 of 7

## Submit a complaint against a provider that is licensed or certified by Texas Health and Human Services

### Case Information

Thank you for your submission. Your report has been received and assigned the intake number is 163752 .  
Should additional information be required, you will be contacted by HHS.

### Attachment Upload

Please provide any supporting documentation as an attachment. Once you press the "Done" button to finalize your submission, you will not be able to attach additional documents.

Choose File No file chosen

Upload

**There is a 10MB size limit per uploaded document.**

**To upload a document, click the "Choose File" button to browse for the file. After selecting the file, click the "Upload" button, and your attachment will be listed above.**

**Repeat for each document that needs to be attached.**

Done

**Figure 16. Complaint report – Step 7 Confirmation Page**

22. To Add an attachment to the complaint report, click on "Chose file" button, select the attachment and then click on "Upload" button

**Attachment Upload**

Please provide any supporting documentation as an attachment. Once you press the “Done” button to finalize your submission, you will not be able to attach additional documents.

**Upload Attachment**

New Microsoft Word Document.docx	Preview	Delete
----------------------------------	---------	--------

No file chosen

**There is a 10MB size limit per uploaded document.**  
To upload a document, click the “Choose File” button to browse for the file. After selecting the file, click the “Upload” button, and your attachment will be listed above.

**Figure 17. Complaint report – Add attachments**

23. To add additional attachments, click on “Choose file” button
24. To delete recently uploaded attachment, click on “Delete” button next to attachment to delete attachment
25. If you have completed the report, click on “Done” button to submit attachments and return to HHSC CII complaints home page.