SAMPLE POLICY

Sample policy from the CareRulebook Minnesota manual. Fictional agency. Rule-verified on October 8, 2026.

This is Policy 2.9 of the 31 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional agency, Sample Home Care, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

Your copy is filled in with your own agency's details and choices: https://www.carerulebook.com/us/minnesota/home-care/manual

POLICY 2.9

Client complaints and the complaint notice

Minn. Stat. 144A.472, subd. 1(14)(iv) · Minn. Stat. 144A.4791, subds. 1(b), 11(a)-(d) · Minn. Stat. 144A.44, subd. 1(a)(19)-(20), (22) · Minn. Stat. 144A.4794, subd. 3(13) · Minn. Stat. 144A.4796, subd. 2(a)(6) · Minn. Stat. 144A.474, subd. 2(c)(1)(vii) · MDH bill of rights notice for clients of licensed-only providers (Rev. 02/2026) · MDH Office of Health Facility Complaints pages (guidance) · Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities contact pages · MDH entrance conference for basic providers (form 5065b) · MDH client record review for basic providers (form 5022b)

Purpose

To give Sample Home Care, LLC the written policy and system Minn. Stat. 144A.4791, subd. 11 requires "for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives", with the written complaint notice every client receives (subd. 11(c)), the complaint records MDH reviews (subd. 11(b)), and the promise that no client is treated worse for complaining (subd. 11(d)). It is the fourth policy MDH's license application asks the managerial official to verify: "handling complaints from clients, family members, or client representatives regarding staff or services provided by staff" (144A.472, subd. 1(14)(iv)). The client complaint and investigative process is also one of the nine areas every basic core survey reviews (144A.474, subd. 2(c)(1)(vii)).

The forms are at the end of the Procedure section: the Written Complaint Notice, the complaint form, the complaint log and the complaint investigation record.

Scope

Who may complain. A client, the client's representative, a family member, or anyone acting on the client's behalf. A client may assert their rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation (144A.44, subd. 1(a)(22)).

What about. Anything about Sample Home Care, LLC's staff or services: services in the client's plan that are or are not being provided, the lack of courtesy or respect to the client or the client's property, any other item covered in the client's home care bill of rights (Policy 2.13), billing, scheduling, or a suggestion for changing a policy or service. In this policy all of these are "complaints", whether they are called a complaint, a concern or a grievance, and whether they are spoken or written.

Who follows it. Every staff member, because any staff member may be the one a client tells. The complaint contact is the Agency Director.

Policy

Clients' rights (Minn. Stat. 144A.44, subd. 1(a)(19)-(20))

1. Every client has the right to complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation including the threat of termination of services (subd. 1(a)(19)).
2. Every client has the right to know how to contact an individual associated with Sample Home Care, LLC who is responsible for handling problems, and to have Sample Home Care, LLC investigate and attempt to resolve the grievance or complaint (subd. 1(a)(20)). At Sample Home Care, LLC that individual is the Agency Director, reachable at (651) 555-0100 during office hours (Monday to Friday, 8:00 a.m. to 5:00 p.m.), at (651) 555-0199 at other times, by email at office@samplehomecare.com, or by mail at 100 Main Street, Suite 200, St. Paul, MN 55101.

How a client complains (Minn. Stat. 144A.4791, subd. 11(a), (c)(3))

3. **Any way the client likes.** A complaint may be made in person, by telephone, by email, by letter, on Sample Home Care, LLC's complaint form, or by telling any staff member, including a caregiver during a visit. No form is needed, and a client does not have to give their name, although an anonymous complaint may be harder to investigate and to answer.
4. **Accommodations.** The complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested (subd. 11(a)). On request, Sample Home Care, LLC helps the person write the complaint or writes it down for them and reads it back, arranges an interpreter, uses large print or another format, meets at the client's home, or allows more time. The accommodation asked for and given is recorded on the complaint investigation record.

Receiving a complaint

5. **Same day.** A staff member who receives a complaint thanks the person, does not argue or defend, writes it on the complaint form (or helps the person do so), and gives or sends it to the Agency Director the same day. A caregiver who cannot reach the office during a visit telephones the on-call supervisor.

6. **Maltreatment comes first.** If a complaint describes possible abuse, neglect or financial exploitation of a client, or an injury that is not reasonably explained, the staff member who hears it reports to MAARC immediately and no later than 24 hours under Policy 2.1, before or while the complaint goes through this policy. The complaint process never delays a maltreatment report.
7. **Logged.** The Agency Director enters every complaint on the complaint log on the day it is received, with the date received, and opens a complaint investigation record.
8. **Acknowledged.** The Agency Director tells the person who complained, within two working days, that the complaint was received, who is looking into it, and when they will hear the outcome. The two working days are Sample Home Care, LLC's own timeframe.
9. **Someone not involved investigates.** If a complaint is about the Agency Director, the managerial official (Jordan Lee) handles it. If it is about the managerial official, an owner who is not involved handles it; if there is none, the managerial official handles it and tells the client in writing that they may also take the complaint to the Office of Health Facility Complaints or an ombudsman office (item 18).

Investigating and attempting to resolve (Minn. Stat. 144A.4791, subd. 11(a))

10. Sample Home Care, LLC has a process to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided, or other items covered in the client's home care bill of rights (subd. 11(a)). It applies the same process to complaints from family members (144A.472, subd. 1(14)(iv)). The person investigating:
    1. talks with the person who complained, and with the client if someone else complained, to understand what happened and what outcome they want;
    2. talks with the staff involved and anyone else who may know;
    3. looks at the records: the Service Plan, visit records, the daily assignment sheets, the communication log and any earlier complaints;
    4. decides what happened, as far as the facts show, and whether Sample Home Care, LLC met its policies, the client's plan and the client's rights; and
    5. records each step and finding on the complaint investigation record.
11. **Resolving.** The person investigating decides what Sample Home Care, LLC will do to put things right and to stop it happening again, for example an apology, a change of caregiver, a schedule change, retraining or supervision of a staff member (Policies 2.8 and 4.1), a revision of the Service Plan with the client (Policy 3.1), or a revision of a policy (Policy 1.1). Action that concerns a staff member's conduct follows Policy 2.8.
12. **Telling the person the outcome.** Sample Home Care, LLC tells the person who complained what it found and what it will do within 10 days of receiving the complaint. No statute sets this number; it is Sample Home Care, LLC's own choice. If an investigation needs longer, the person is told why and by when they will hear. The outcome is given in writing if the person asks, or if the complaint was in writing; otherwise in the way the person prefers, and recorded.

L3. **If the person is not satisfied.** The managerial official reviews the complaint and the outcome if the person asks, and tells them they may also complain to the Office of Health Facility Complaints or contact an ombudsman office at any time (item 18).

Reporting complaints (Minn. Stat. 144A.4791, subd. 11(a); 144A.4796, subd. 2(a)(6))

L4. The system covers "reporting" as well as receiving, investigating and resolving. At Sample Home Care, LLC that means: staff report every complaint to the Agency Director the same day (item 5); the Agency Director reports each complaint and its outcome to the managerial official; complaints that may be maltreatment are reported to MAARC (item 6; Policy 2.1); every complaint on the log is reviewed at the next quality management review (Policy 1.5); and Sample Home Care, LLC gives the Office of Health Facility Complaints and MDH's surveyors the complaint records when they ask (item 17). This is our reading of "reporting" in subd. 11(a).

No retaliation and no discrimination (Minn. Stat. 144A.4791, subd. 11(a), (d))

L5. Sample Home Care, LLC will not discriminate or retaliate against a client for expressing concerns or complaints. Sample Home Care, LLC does not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative (subd. 11(d)). No staff member threatens to end, reduce or change a client's services because of a complaint (144A.44, subd. 1(a)(19)).

L6. **A check before any adverse change.** As Sample Home Care, LLC's own safeguard, the managerial official reviews any reduction or ending of services, or change of caregiver the client did not ask for, for a client who has complained in the previous 90 days, before it happens, and records why it is not retaliation. If a maltreatment report is involved, Policy 2.1, item 15 also applies.

Complaint records (Minn. Stat. 144A.4791, subd. 11(b); 144A.4794, subd. 3(13))

L7. Sample Home Care, LLC documents the complaint, the name of the client, the investigation, and the resolution of each complaint filed, and keeps a record of all activities regarding complaints received, including the date the complaint was received and its investigation and resolution (subd. 11(b)):

1. the **complaint log** lists every complaint with the date received, the client's name, the complaint, the investigation and the resolution;
2. the **complaint investigation record** holds every activity on each complaint, with the complaint form and any letters;
3. each complaint record is kept for at least two years after the date of entry, and is available to MDH for review (subd. 11(b)); MDH's entrance conference asks for "Any complaints for the past three (3) to six (6) months" (form 5065b); and
4. documentation of complaints received and their resolution is also kept in the client's record (144A.4794, subd. 3(13); Policy 3.4): a copy of the complaint investigation record, without the name of anyone who reported maltreatment to MAARC (Policy 2.1, item 16).

The written complaint notice (Minn. Stat. 144A.4791, subd. 11(c))

18. **Every client receives it.** Each client or client's representative receives the **Sample Home Care, LLC: Written Complaint Notice** in the Procedure before services start (Policy 2.10, item 12), and again whenever they ask or the information in it changes. It includes, in the statute's order:

    1. the client's right to complain to Sample Home Care, LLC about the services received;
    2. the name or title of the person or persons at Sample Home Care, LLC to contact with complaints;
    3. the method of submitting a complaint to Sample Home Care, LLC; and
    4. a statement that Sample Home Care, LLC is prohibited from retaliating, as item 15 says.

    Sample Home Care, LLC adds the statement and contacts for the Office of Health Facility Complaints and the two ombudsman offices that the home care bill of rights notice carries (144A.4791, subd. 1(b); Policy 2.13), and MAARC for suspected maltreatment.

19. **Receipt recorded.** The client or representative signs the receipt at the end of the notice, or the reviewer records why a signature could not be obtained. MDH's client record review looks for documentation of the client's receipt and review of the written complaint notice (form 5022b). The signed receipt is filed in the client's record (Policy 3.4).

The complaint statement in the bill of rights notice (Minn. Stat. 144A.4791, subd. 1(b))

20. The home care bill of rights notice must also contain the statement describing how to file a complaint with the Office of Health Facility Complaints and the two ombudsman offices, their contact details, Sample Home Care, LLC's name, address, email, telephone number and the name or title of the person to whom problems or complaints may be directed, and a statement that Sample Home Care, LLC will not retaliate because of a complaint. Policy 2.13 prints it. The complaint contact named in the bill of rights notice and in the Written Complaint Notice is always the same; when the complaint contact or Sample Home Care, LLC's details change, the managerial official updates both before either is given again.

Complaints to the State and to advocates

21. Clients may complain to the Office of Health Facility Complaints (OHFC) at the Minnesota Department of Health, which investigates complaints against licensed home care providers (MDH, Mandated Reporting of Maltreatment page), and may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities, at any time and without complaining to Sample Home Care, LLC first. Staff never discourage this and help a client who asks for the contact details (Policy 2.13 has them all). Sample Home Care, LLC cooperates with any OHFC investigation or ombudsman inquiry.

Training

22. Every staff member learns this policy at orientation, before providing services: "handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point" (144A.4796, subd. 2(a)(6); Policy 2.4). The Common Entry Point is MAARC.

Procedure

1. **Reviewer, before services start:** gives the client or representative the Written Complaint Notice, explains it, and has the receipt signed (Policy 2.10).
2. **Any staff member, when a complaint is made:** thanks the person; reports to MAARC first if item 6 applies; completes the complaint form (or helps the person to); gives or sends it to the Agency Director the same day.
3. **Agency Director, the same day:** enters the complaint on the complaint log; opens a complaint investigation record; decides who investigates (item 9).
4. **Agency Director, within two working days:** acknowledges the complaint to the person (item 8).
5. **Person investigating:** investigates (item 10); decides the resolution (item 11); records each step on the complaint investigation record.
6. **Person investigating, within 10 days of receipt:** tells the person who complained the outcome (item 12), or why more time is needed and by when; records the date and how.
7. **Agency Director:** completes the complaint log entry; files a copy of the complaint investigation record in the client's record (item 17.4); tells the managerial official.
8. **Managerial official, at each quality management review:** reviews every complaint since the last review for patterns and for changes needed in services, staffing or procedures (Policy 1.5).
9. **Office staff, before the survey:** keep the complaint log and the investigation records of the past six months ready for MDH's entrance conference (form 5065b).

Sample Home Care, LLC: Written Complaint Notice

Given to each client or client's representative (Minn. Stat. 144A.4791, subd. 11(c)).

1. Your right to complain. You have the right to complain to Sample Home Care, LLC about the services you receive: services that are provided, or are not provided, and any lack of courtesy or respect to you or your property. You may also recommend changes to our policies and services. Your representative, a family member or anyone else may complain for you.

2. Who to contact. Agency Director, Sample Home Care, LLC. Telephone (651) 555-0100 (Monday to Friday, 8:00 a.m. to 5:00 p.m.) or (651) 555-0199 at other times. Email office@samplehomecare.com. Mail 100 Main Street, Suite 200, St. Paul, MN 55101. If your complaint is about the Agency Director, contact Jordan Lee, the managerial official, at the same numbers.

3. How to complain. Tell us in whatever way suits you: in person, by telephone, by email, by letter, on our complaint form, or by telling any of our staff, including your caregiver. If you need help to make a complaint, such as an interpreter, help writing it down, large print or a meeting at home, tell us and we will arrange it. We will tell you within two working days that we have your complaint and who is looking into it. We will look into it, try to put things right, and tell you what we found and what we will do within 10 days. If we need longer, we will tell you why and when you will hear from us.

4. No retaliation. Sample Home Care, LLC is prohibited from retaliating against you. We will not take any action that negatively affects you because you or your representative made a complaint or expressed a concern, and we will not discriminate against you for it. We will never threaten to end or reduce your services because you complained.

You may also complain to the State, or ask an ombudsman for help, at any time. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

Office of Health Facility Complaints, Minnesota Department of Health: (651) 201-4200 or 1-800-369-7994; health.ohfc-complaints@state.mn.us; P.O. Box 64970, St. Paul, MN 55164-0970.

Office of Ombudsman for Long-Term Care: 1-800-657-3591 (toll free) or 651-431-2555; TTY 711; MBA.OOLTC@state.mn.us; P.O. Box 64971, St. Paul, MN 55164-0971.

Office of Ombudsman for Mental Health and Developmental Disabilities: 651-757-1800 or 1-800-657-3506; TTY 711; ombudsman.mhdd@state.mn.us; 332 Minnesota Street, Suite W1410, First National Bank Building, St. Paul, Minnesota 55101-2117.

The full contact details for these offices are in Part 2 of your Home Care Bill of Rights notice.

To report suspected abuse, neglect or financial exploitation of a vulnerable adult: Minnesota Adult Abuse Reporting Center (MAARC), (844) 880-1574 (toll free).

Receipt. I received this Written Complaint Notice and it was explained to me.

Client or representative: _____ Signature: _____ Date: _____

If a signature could not be obtained, why: _____ Reviewer: _____ Date: _____

Sample Home Care, LLC: Complaint form

Anyone may use this form, or tell any staff member, who will fill it in with you. Give or send it to the Agency Director, 100 Main Street, Suite 200, St. Paul, MN 55101, office@samplehomecare.com.

Your name (optional): _____ Telephone or email (if you want an answer): _____

Client's name: _____ Your relationship to the client: ☐ client ☐ representative ☐ family member ☐ other: _____

What happened, when, and who was involved: _____

What would you like us to do? _____

Do you need any help with this complaint (interpreter, help writing, large print, meeting at home)? _____

For staff: received by _____ on (date and time) _____; given to the Agency Director on _____. Could this be abuse, neglect or financial exploitation? ☐ No ☐ Yes: reported to MAARC under Policy 2.1 on (date, time) _____

Sample Home Care, LLC: Complaint log

Minn. Stat. 144A.4791, subd. 11(b). Every complaint, kept for at least two years after the date of entry and available to MDH.

No. and date received	Client name	Complaint from (client, representative, family member, other)	Complaint (summary)	Investigation and resolution (summary)	Outcome given (date)

Sample Home Care, LLC: Complaint investigation record

Complaint no.: _____ Date received: _____ Client name: _____

Complaint from: _____ Received by (staff member) and how: _____

Complaint form attached? ☐ Yes ☐ No (spoken complaint, written down here): _____

Accommodation asked for and given (Minn. Stat. 144A.4791, subd. 11(a)): _____

Possible maltreatment? ☐ No ☐ Yes: MAARC reported on _____ (details kept only in the confidential maltreatment file, Policy 2.1)

Acknowledged to the person on (date, within two working days): _____
Investigated by: _____

Date	Activity (interview, record checked, action taken)	By

Findings: _____

Resolution (what Sample Home Care, LLC will do): _____

Outcome given to the person on (date) _____, by ☐ letter ☐ email ☐ telephone ☐ in person. Person satisfied? ☐ Yes ☐ No: managerial official's review (date and result): _____

Any reduction or ending of services, or unrequested change of caregiver, in the 90 days after the complaint? ☐ No ☐ Yes: managerial official's review that it is not retaliation (date and reason): _____

Copy filed in the client's record on: _____ Kept until (two years after the date of entry, at least): _____

Responsibilities

- **Every staff member:** receives complaints courteously; reports possible maltreatment to MAARC first; passes every complaint to the Agency Director the same day; never retaliates or discourages a complaint.
- **Agency Director:** logs, acknowledges and investigates complaints, or passes them to the person who must (item 9); tells the person the outcome; keeps the records.
- **Managerial official (Jordan Lee):** handles complaints about the complaint contact; reviews outcomes when asked; checks any adverse change for a client who complained (item 16); keeps the Written Complaint Notice and the bill of rights notice consistent (item 20); reviews complaints at quality management.
- **Reviewer:** gives each client the Written Complaint Notice before services start and files the receipt.

Records

- The complaint log and the complaint investigation records, each kept for at least two years after the date of entry and available to MDH (144A.4791, subd. 11(b)).
- In each client's record: the signed receipt for the Written Complaint Notice and copies of the complaint investigation records about that client (Policy 3.4).
- Earlier versions of the Written Complaint Notice, kept with the policy revision log (Policy 1.1).

Recommended practice

These are Sample Home Care, LLC's own practices. The statutes do not require them. Once adopted, MDH surveyors can expect Sample Home Care, LLC to follow them.

- A month after a complaint is resolved, the Agency Director asks the client whether the change has held, and records the answer on the investigation record.
- Compliments are logged too, so that quality management sees what staff do well as well as what went wrong.

Rule basis

> handling complaints from clients, family members, or client representatives regarding staff or services provided by staff;
>
> `Minn. Stat. 144A.472, subd. 1(14)(iv)`

> (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested.
>
> `Minn. Stat. 144A.4791, subd. 11(a)`

> (b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.
>
> `Minn. Stat. 144A.4791, subd. 11(b)`

(c) The required complaint system must provide for written notice to each client or client's representative that includes: (1) the client's right to complain to the home care provider about the services received; (2) the name or title of the person or persons with the home care provider to contact with complaints; (3) the method of submitting a complaint to the home care provider; and (4) a statement that the provider is prohibited against retaliation according to paragraph (d).

`Minn. Stat. 144A.4791, subd. 11(c)`

(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.

`Minn. Stat. 144A.4791, subd. 11(d)`

"If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

`Minn. Stat. 144A.4791, subd. 1(b)`

The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint.

`Minn. Stat. 144A.4791, subd. 1(b)`

(19) complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation including the threat of termination of services; (20) know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;

`Minn. Stat. 144A.44, subd. 1(a)(19)-(20)`

(22) assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation; and

`Minn. Stat. 144A.44, subd. 1(a)(22)`

(13) documentation of complaints received and resolution;

`Minn. Stat. 144A.4794, subd. 3(13)`

> (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;
>
> `Minn. Stat. 144A.4796, subd. 2(a)(6)`

> (vii) client complaint and investigative process;
>
> `Minn. Stat. 144A.474, subd. 2(c)(1)(vii)`

> The Office of Health Facility Complaints in the Health Regulation Division of the Minnesota Department of Health investigates complaints against licensed home care providers.
>
> `MDH, Mandated Reporting of Maltreatment page (guidance)`

> For more information about the complaint process, contact the Office of Health Facility Complaints at 651-201-4200 or health.ohfc-complaints@state.mn.us.
>
> `MDH, Filing a Complaint Against a Facility (guidance)`

> Office of Health Facility Complaints (651) 201-4200/1-800-369-7994 health.ohfc-complaints@state.mn.us Mailing Address: Minnesota Department of Health Office of Health Facility Complaints P.O. Box 64970 St. Paul, MN 55164-0970
>
> `MDH, Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers (Rev. 02/2026)`

> Toll free 1-800-657-3591 or 651-431-2555. ... TDD/TTY: 711 ... Email: MBA.OOLTC@state.mn.us ... Office of Ombudsman for Long-Term Care P.O. Box 64971 St. Paul, MN 55164-0971
>
> `Office of Ombudsman for Long-Term Care, Contact Us (9 Oct 2026)`

> General Questions - ombudsman.mhdd@state.mn.us ... 651-757-1800 or 1-800-657-3506 TTY/TDD - 711 ... Office of Ombudsman for Mental Health and Developmental Disabilities 332 Minnesota Street Suite W1410, First National Bank Building St. Paul, Minnesota 55101-2117
>
> `Office of Ombudsman for Mental Health and Developmental Disabilities, Contact (9 Oct 2026)`

> Complaints can be reported to the Minnesota Adult Abuse Reporting Center (MAARC) by calling (844) 880-1574 (toll free).
>
> `MDH, Mandated Reporting of Maltreatment page (guidance)`

> Client complaint procedure: Describe and review your client complaint procedure, investigations, and documentation. (144A.4791, Subd. 11 (a-c)):
> `MDH, Entrance Conference for Basic Providers (form 5065b, 08/15/2023)`

> Any complaints for the past three (3) to six (6) months
> `MDH, Entrance Conference for Basic Providers (form 5065b, 08/15/2023)`

> Written complaint notice. (144A.4791, Subd. 11 (a)(b)(c)) Date: ... Documentation of complaints received, if applicable, and resolution.
> `MDH, Client Observation and Record Review for basic providers (form 5022b)`

Adopted November 1, 2026 · Next review November 1, 2027