

HFAP Complaint Notification

Your complaint will be handled confidentially and while you will receive notification of receipt, the investigation outcomes will not be released due to privacy regulations. Complaints related to billing or insurance issues are not within HFAP standards, nor are any labor disputes.

Today's Date		Notification Type	
Complainant Information (Optional)		Facility Information (Required)	
Name		Name of Facility	
Filed by		Facility Type	
Address		Address	
City		City	
State		State	
Postal Code		Postal Code	
Phone Number		Phone Number	

Date of Incident		Other Actions	
Location		List Other	

Provide a Brief Narrative:

- Include how and why the alleged incident occurred and the individuals involved.
- This section is limited to 600 Words; continue narrative on next page or attach additional documents, if necessary.

Desired Outcome

Submit the form once completed via:

Email
info@hfap.org

Fax
312-626-2113

Mail HFAP c/o Complaint Department
506 North Clark, Suite 301
Chicago, IL 60654

Narrative (continued):