



**Discrimination Complaint Form**

If you believe that you have been the subject of discrimination on the basis of race, color, national origin, age, disability, or sex by Independent Living Systems, LLC (“ILS”) or one of its contractors, you can file a complaint with ILS. You may file a complaint for yourself or for someone else. Alternative means of filing complaints will be made available upon request. To ensure that all necessary information is captured, please complete this optional complaint form and email to ILS at [ComplianceDepartment@ilshealth.com](mailto:ComplianceDepartment@ilshealth.com).

**Complainant Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Medicaid ID# (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Notify me about the outcome of this investigation

Or

Do **NOT** notify me about the outcome of this investigation.

**Authorized Representative Making Complaint (if different than Complainant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



Preferred method of contact: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Notify me about the outcome of this investigation\*

Or

Do **NOT** notify me about the outcome of this investigation

\*Please note: if you are an Authorized Representative making a discrimination complaint on behalf of a complainant and wish to be notified as to the outcome of the complaint investigation, you must obtain a signed HIPAA authorization release form from the complainant. This document can be found at:

<https://ilshealth.com/hipaa/pdf/HIPAAauthorization>

### Complaint

Have you filed or do you intend to file a discrimination complaint related to this matter in another forum?  Yes  No

If yes, please indicate what agency or court: \_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

Provide the name and address of the specific entity(ies), person(s), program(s) and/or facility(ies) the complainant believes is/are responsible for the discrimination and a brief description of the alleged acts of discrimination.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY POLICY**

Submitted information is maintained and destroyed according to ILS' Notice of Privacy Practices. Copies of this notice can be viewed at:

<https://ilshealth.com/hipaa/pdf/privacynotice>