



Protocol: Internal Problem Resolution

**a. Who can file a complaint?**

1. The purpose of this protocol is to ensure that problems encountered by the person in the delivery of services can be reported by filing a complaint by the person, family member, friend, guardian, attorney, advocate, or employee Kahak Health Care Services or an interested person on behalf of the person, with his/her permission unless the person knowingly objects.
2. A person may request to remain anonymous when filing a complaint on behalf of a person, except in the case of filing a complaint alleging abuse or neglect where staff persons are mandatory reporters.

**b. How to File a Complaint:** Complaint (s) can be filed in one of the following ways;

1. People or their representative may contact Kahak Health Care Services (KHCS)
  - a) IMC – Michel Kahak on 301-641-1514
  - b) QIDP – Splendour Eriekpare on 703-785-3917
  - c) In person
  - d) By email – mkahak@kahak.com
  - e) By U.S. mail – 10560 Main Street Suite 112 Fairfax, VA 22030
2. People or their representatives can also complete the complaint form and submit to KHCS IMC, QIDP, in person, email, U.S. mail.
3. People or their representatives can remain anonymous when filing a complaint by;
  - a) Dialing the number \*67 before dialing KHCS number 703-385-5800
  - b) Submitting a complaint in the suggestion box at the office.
4. If a complaint is received by phone, in writing, or in person, KHCS IMC (or designee) will complete the Complaint Form and open a file (beginning the complaint process).
5. The IMC will assist the person making a complaint as needed to gather the information needed to fully investigate the complaint.
6. KAHAK encourages all people to file complaints within ninety (90) days of the alleged event/action.
7. If the person or family are not satisfied with the outcome or resolution of the problem through the KHCS system, he/she can contact DBDHS RAS on 804-786-3921

*Virginia Department of Behavioral Health & Developmental Services (DBDHS)  
Rights & Advocate Specialist (RAS)*

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

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

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