



Government of the District of Columbia
Department of Behavioral Health

DBH Ombudsman Referral Form

Instructions:

1. Please complete the form below if you have a complaint against a provider with the Department of Behavioral Health
2. If the complaint involves a decrease in the level of care received. **DO NOT COMPLETE THIS FORM.** Please contact the Consumer and Family Affairs Administration 202-673-4377.
3. Please fax the completed form to 202-671-3213 or email to dbh.help@dc.gov
4. Someone for the Office of the Ombudsman will contact you within 24 – 48 hours.
5. You may also call the toll free Ombudsman Line at 1-844-698-2924.

Caller Name:

Caller Agency:

Consumer Name:

Consumer DOB:

Consumer CSA:

Caller is legal guardian:

Yes No N/A

Court order guardianship:

Yes No N/A

Relationship to consumer:

Interpreter Needed?

Yes No

Language:

Consent to contact Provider?

Yes No

Caller/Consumer Contact Information:

Phone Number

Best time to call:

Have you attempted to resolve complaint with a supervisor at the agency?

Yes No

Nature of complaint (who, what, when where and how):