


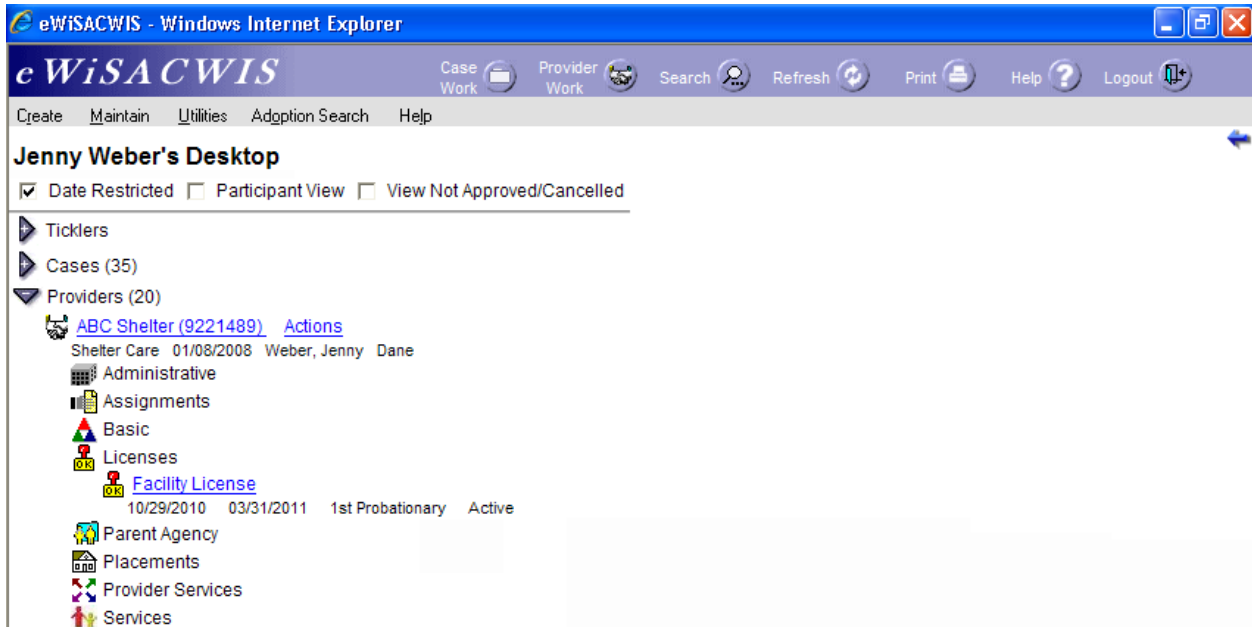
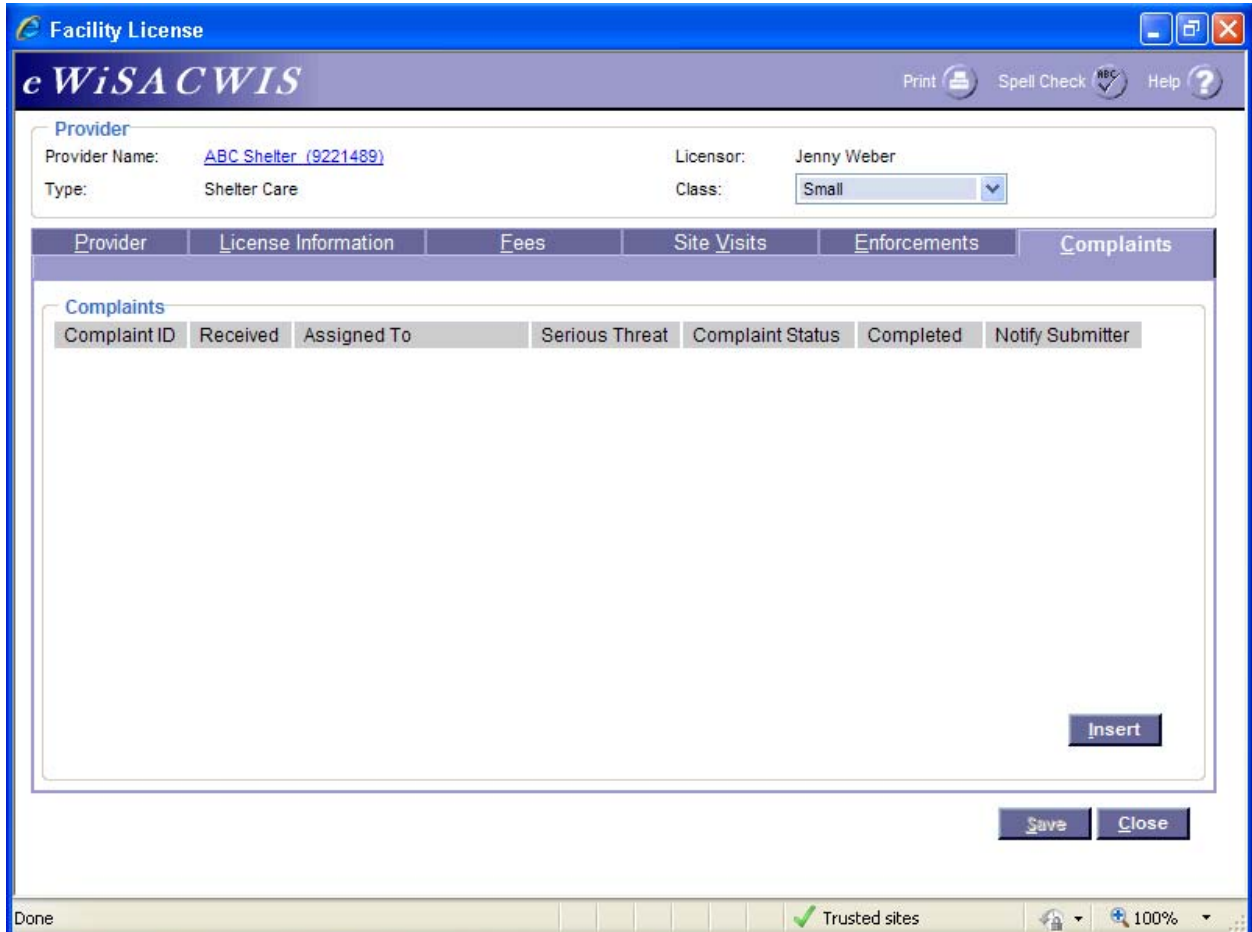


# Documenting a Facility Complaint

1. From your desktop, click on the Providers expando  **Providers**. Click on the  icon for the appropriate provider record. Click on the License icon  and then click the Facility License hyperlink to open the Facility License page.



2. Click on the Complaints tab. Click the Insert button. This will open the Complaint page.



3. Enter the Received Date and select a Method. If the Method = Letter, the Complainant Letter Date will pre-fill and will be equal to the Received Date. If applicable, select the Serious Indicator checkbox.

**Complaint -- Webpage Dialog**

*eWiSACWIS* Print Spell Check Help

**Provider**

Provider Name: ABC Shelter (9221489) Licensor: Jenny Weber  
Type: Shelter Care Complaint ID:

**Complaint Information**

Received Date: 00/00/0000 Method: [v] Complainant Letter Date: 00/00/0000 Serious Indicator   
Received By: [Search] Date of Occurrence: 00/00/0000 Noncompliance Statement   
Assigned To: Jenny Weber [Search] Assigned Date: 00/00/0000

Status: Active [v] Completed Date: 00/00/0000 Enforcement ID(s): [text box]

Description: [text box]

Complainant Name: [text box] Complaint Source: [v]

Notify Submitter  Date Submitter Notified: 00/00/0000

**Complainant Contact Information**

Number: [text box] Street: [text box] Apt: [text box] WI City: [v]  
City: [text box] State: [v] Zip: [text box] Country: [v]  
Phone: [text box] Ext: [text box] Work Phone: [text box] Ext: [text box] Cell Phone: [text box]

Save Close

4. Click on the Search hyperlink to the right of the Received By field to select the eWiSACWIS worker that received the complaint. This will open the Worker Search page.

5. Enter the worker's name and click Search. Select the radio button next to the worker's name and then click Continue.

Worker Search -- Webpage Dialog

**eWISACWIS** Print Spell Check Help

**Search Criteria**

Last Name:  First Name:  Worker ID:

Employee ID:  County:  Site #:

Search Precision:  Low  Med  High Sort By:

Record 1 to 1 of 1

**Workers Returned**

Worker, Richard J. (2023182) Active  
Ongoing Supervisor 2 (608)264-6837 [ewuat25@dhs.state.wi.us](mailto:ewuat25@dhs.state.wi.us) Milwaukee - Region 1, Milwaukee COUNTY State T. Worker  
Cases:3, Providers:2, Workload Management:4

6. Enter the Date of Occurrence and Assigned Date.
7. If the complaint is later associated with a documented enforcement, the Enforcement ID(s) box will display a hyperlink to the enforcement. Clicking the hyperlink will open the associated Enforcement page.
8. Enter the description of the complaint.
9. Document the Complainant Name and Complaint Source. If the Complainant would like to be notified of the result of the complaint, select the Notify Submitter checkbox. When applicable, enter the Date Submitter Notified. If the complaint is tied to a site visit where the Action = 2544 Issued, the Noncompliance Statement checkbox will be checked.
10. Complete the Complainant Contact Information group box by entering the address and phone information for the complainant.

The screenshot shows a web browser window titled "Complaint -- Webpage Dialog" with the eWiSACWIS logo. The form is organized into three main sections:

- Provider:**
  - Provider Name: ABC Shelter (9221489)
  - Type: Shelter Care
  - Licensor: Jenny Weber
  - Complaint ID: (empty)
- Complaint Information:**
  - Received Date: 10/14/2010
  - Method: Letter (dropdown)
  - Complainant Letter Date: 10/14/2010
  - Serious Indicator:
  - Received By: Richard J. Worker (with Search link)
  - Date of Occurrence: 00/00/0000
  - Noncompliance Statement:
  - Assigned To: Jenny Weber (with Search link)
  - Assigned Date: 00/00/0000
  - Status: Active (dropdown)
  - Completed Date: 00/00/0000
  - Enforcement ID(s): (empty text box)
  - Description: description of the complaint (text area)
  - Complainant Name: Person reporting the incident
  - Complaint Source: Resident (dropdown)
  - Notify Submitter:
  - Date Submitter Notified: 00/00/0000
- Complainant Contact Information:**
  - Number: 123
  - Street: State Street
  - Apt: (empty)
  - WI City: Madison, 53701 (dropdown)
  - City: Madison
  - State: WI (dropdown)
  - Zip: 53701
  - Country: United States (dropdown)
  - Phone: (608)111-2222
  - Ext: (empty)
  - Work Phone: (empty)
  - Ext: (empty)
  - Cell Phone: (empty)

At the bottom right of the form are "Save" and "Close" buttons.

11. In the Facility Investigation group box, select the Type (either Licensed or Unlicensed). Select the appropriate Alleged Violation. Click the Insert button to add additional alleged violations. After the investigation has been completed, update the Violation Result for each Alleged Violation. Document the findings of the complaint and allegations in the Findings box. If applicable, enter information in the Referral group box.

The screenshot shows a web browser window titled "Complaint -- Webpage Dialog" displaying the "eWiSACWIS" application. The interface is divided into three main sections:

- Provider:** Includes fields for Provider Name (ABC Shelter (9221489)), Type (Shelter Care), Licensor (Jenny Weber), and Complaint ID. There are also input fields for Phone, Ext., Work Phone, Ext., and Cell Phone.
- Facility Investigation:** Features a dropdown for Type (set to "Licensed"), a Result field (set to "Pending"), and date fields for Begin Date and End Date (both set to "00/00/0000"). A table lists alleged violations with columns for "Alleged Violation" and "Violation Result". One entry shows "Supervision/Staff Coverage" with a "Pending" result and a "Delete" link. An "Insert" button is located below the table. A "Findings" text area contains the text "findings of the complaint after investigating...".
- Referral:** Contains fields for Referred To, Referral Reason, Date Sent, Response Received, and Response.

At the bottom right of the form, there are "Save" and "Close" buttons.

12. Click Save to save the complaint. Click Close.

13. You can access the complaint at any time by clicking the Complaint ID hyperlink.

The screenshot displays the 'Facility License' application window. At the top, the 'eWiSACWIS' logo is visible, along with utility buttons for 'Print', 'Spell Check', and 'Help'. The main content area is divided into sections. The 'Provider' section shows 'Provider Name: ABC Shelter (9221489)', 'Type: Shelter Care', 'Licensor: Jenny Weber', and 'Class: Small'. Below this is a navigation menu with tabs for 'Provider', 'License Information', 'Fees', 'Site Visits', 'Enforcements', and 'Complaints'. The 'Complaints' tab is active, showing a table with the following data:

| Complaint ID            | Received   | Assigned To | Serious Threat           | Complaint Status | Completed                | Notify Submitter                    |
|-------------------------|------------|-------------|--------------------------|------------------|--------------------------|-------------------------------------|
| <a href="#">8000021</a> | 10/14/2010 | Jenny Weber | <input type="checkbox"/> | Active           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

At the bottom of the complaint view, there are 'Save' and 'Close' buttons. The Windows taskbar at the bottom shows 'Done', 'Trusted sites', and a zoom level of 100%.