

Form VR1200 is available for VRD providers to escalate feedback (concern, dispute, or complaint) that was unable to be resolved at the local and/or regional level to the VRD state office. The completion and submission of the form, per the instructions, are the responsibility of the provider. The form signature may be written or electronic (typed). If the signature is electronic, the form must be submitted via the provider's email account. The VRD state office will retain completed VR1200 form records.

Instructions:

1. The Provider will complete each field in Part 1 and Part 2 of form VR1200.
2. The Provider will attach to an encrypted email the completed VR1200, Provider Feedback Form and any additional documentation or correspondence to support the escalated feedback to vr_standards@twc.texas.gov.
3. The Provider will enter into the email subject line "Provider's name, Provider Feedback Form".
4. Upon resolution, the VRD staff will complete each field in Part 3 of form VR1200.
5. The assigned Deputy Regional Director will email the completed and approved form to state office mailbox, vr_standards@twc.texas.gov, the Provider, and the Regional Director.

Part 1. General Information

Provider Information:

Provider's name (legal name):	Provider's headquarter region:
	1 2 3 4 5 6 Unknown
Provider's Texas Identification Number (TIN):	Contract number (if applicable):

Provider's address:

Name of person submitting form:	Title of person submitting form:
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Contact information for feedback review and resolution:

Phone number:	Email:
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Part 2. Feedback Information

Non-Personnel

Type(s) of feedback: (check all that apply)

- Contract terms, policy, or VR-Standards
- Documentation/reports
- Invoices and billing
- Fiscal and business practices
- Other: describe:

Personnel

Type(s) of feedback: (check all that apply)

- Safety and protection
- Conflict of interest

- Professionalism
- Communication
- Confidentiality
- Other: describe:

Date(s) of occurrence(s):

Party(ies) Involved:

Description of the feedback (concern, dispute, complaint) including details such as services rendered, case ID(s), dates, involved staff, observations, SA #'s, invoice process status, etc. and previous attempts to resolve the occurrence at the local office level.

Supporting documentation included with the form? Yes No

Local/regional staff contacted previously for attempted resolution (name and title):

Signature of person submitting the form:

Date of signature:

Part 3. For Internal Use Only

Staff Assigned to Resolve Feedback:

DRD's name:

DRD's email:

DRD's phone:

Date VR1200 was assigned to staff:

Assigned reviewer's name:

Assigned reviewer's title:

Assigned reviewer's email:

Assigned reviewer's phone:

Describe the review and resolution process: (documentation reviewed, involved staff, dates, specific actions taken, communication with provider, etc.)

Additional information obtained in the review, if applicable:

DRD signature:

By signing below, I verify I have reviewed and approve the resolution as described in Part 3 of this form.

Date of signature: