

Please Read the Following Before Filing a Complaint

If you have questions or are experiencing a problem with a provider, we are here to help.

- Contact Company Licensing & Regulatory Compliance
 - CCRCInquiry@scc.virginia.gov
 - (804) 371-1502

Before filing a complaint:

- Read your provider's disclosure statement.
 - Providers are required to include information in their disclosure statement on how residents may file a complaint with them.
 - Disclosures statements for CCRCs can be found at <https://scc.virginia.gov/pages/Senior-Resources> under Continuing Care Services.
- Talk to your provider's management.

Once we receive your complaint, we will:

- Acknowledge your complaint within a week and explain next steps
- Ask the provider to explain and respond to us.
- Contact you when we have completed our review of the provider's explanation and share our findings.
- Recommend actions that you can take if we do not have the regulatory authority to resolve the problem.
- Typically review your complaint within 45 days.
 - Our review may take longer if your complaint is complex and requires extensive research.

We cannot:

- Act as the complainant's attorney.
- Act as your legal representative or get involved in a pending lawsuit.
- Adjudicate controversies concerning CCRC contracts.
- Get involved with a provider's management and a resident's dispute on how best to run a facility or how resources are managed.
- Resolve disputes that do not involve a regulated entity's violation of a specific law or regulation (such as a matter concerning internal policies or guidelines).



**Continuing Care Retirement Community
Community-Based Continuing Care
Complaint Form**

Mail to: State Corporation Commission
Bureau of Insurance
Company Licensing & Regulatory Compliance
P.O. Box 1157
Richmond, VA 23218
[Virginia SCC - Senior Resources](#)
(804) 371-1502
Email to: CCRCInquiry@scc.virginia.gov

You can call the Bureau of Insurance (BOI) for general information and assistance, or to confirm we are the appropriate agency to assist with your complaint. To file a complaint or request assistance, please complete this form. Additional information may be required.

Complainant Information: Please provide information about the person who needs help.

Name: Mr./Ms. _____

Address: _____
Street City State Zip Code

Home phone: (____) _____ Cell phone: (____) _____

Email: _____

Complete Name of Provider: _____

Address: _____
Street City State Zip Code

Describe the issues involved in your complaint.

Attach a separate sheet if necessary and attach correspondence from provider if applicable.

Authorization: I have enclosed copies of correspondence related to this complaint and authorize the BOI to send a copy of this form and any or all enclosed documents to the party complained against, other regulated entities, or the appropriate state or federal agency. I also authorize the BOI to obtain any information required to assist me.

Date: _____

Signature

Representative Authorization: If the Complainant authorizes the BOI to discuss this complaint and share information with the Representative named on the front of this form, the Complainant must complete and sign the following:

I, _____, (Complainant) authorize the BOI to discuss this complaint with _____
_____ (Authorized Representative). **Note:** This authorization is not necessary if the Complainant is deceased or incapacitated.

Date: _____

Signature