Division of HIV and STD Programs
600 S. Commonwealth Ave., 10th Floor
Los Angeles, CA 90005

Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you need assistance or have a concern regarding your HIV or STD services that you have not been able to resolve with the provider directly, please feel free to share with us by completing the form below.

You can email us directly at dhspsupport@ph.lacounty.gov or contact us by phone at **(800) 260-8787**. Please feel free to reach out with any questions or if you need further assistance.

What happens after I contact DHSP Customer Support Unit?

DHSP staff will contact you regarding your concerns within 2 business days of receipt of your form or message. For questions about services or resources available in Los Angeles County, we will provide you with the information you are requesting and where to go to receive services. For issues or complaints regarding services you have received, we will then work closely with you and can provide assistance with seeking resolutions such as by filing a grievance with the service provider or by providing referrals or information about available services that meet your needs. You will also be welcome to remain anonymous through the process if you prefer.

Your feedback is important to us. Please complete our customer satisfaction survey by clicking the link below or scanning the QR code:

Customer Satisfaction Survey

Customer Support Form

Filing Date:		
YOUR INFORMATION		
Name (First, Middle and Last):	Patient/Client Name if different from complainant:	
Street Address:	City:	Zip Code:
Phone Number and E-mail:	Can we leave a voice message? ☐ Yes ☐ No	
Can we share your name with the agency? ☐ Yes ☐ No	Preferred Language:	
Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____		
Which is the best way to keep in touch with you? ☐ Phone call ☐ E-mail ☐ Mail ☐ Any/ No preferences ☐ No written communication from us (DHSP) ☐ Other: _____		
What type of assistance do you need? ☐ Linkage to HIV/STD services ☐ Community resources ☐ File a complaint ☐ Offer feedback ☐ Other (please specify): _____		
For Linkage or Resource Request: Describe assistance that you need.		
For Feedback:		

TO FILE A COMPLAINT: Fill in the form below and provide as much details as you can.

COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF

Name of Representative:	Relationship to Patient/Client:	Phone Number:

☐ I authorized the person or entity named above to serve as my representative for this complaint.
☐ Not Applicable

SERVICE PROVIDER/AGENCY INFORMATION

Agency Name:

Service Location Street Address:	City:	Zip Code:

Service Category:

☐ Medical Care
☐ Dental Care
☐ Mental Health
☐ Nutrition/ Food Support
☐ HIV/ STD Testing
☐ PrEP Services
☐ Medical Case Management
☐ Benefits Specialty
☐ Legal Services
☐ Residential Facility
☐ Transportation
☐ Other: _____

Did you file a complaint with the agency?

☐ No ☐ Yes, Date: _____ With Whom? _____

What was the result?

COMPLAINT DETAILS

Complaint Type (Check all that apply):

☐ Ability to Get Care/ Service (i.e., denial, scheduling)
☐ Billing
☐ Confidentiality and Privacy
☐ Enrollment/ Benefits
☐ Eviction
☐ Facility Environment/ Accommodations
☐ HIV Patients' Rights Violation
☐ Quality of Care (i.e., substandard care)
☐ Medical Provider Issues
☐ Staff Issues/ Customer Service
☐ DHSP Staff
☐ Other: _____

COMPLAINT DETAILS
Please describe your complaint. Attach additional pages or supporting documents as needed. When did this happen (date of incident)? Name of person involved? Name of person witnessed the incident? What happened?
Desired Outcome (what would reasonably resolve this concern for you)?

YOU CAN SUBMIT A COMPLAINT OR CONCERN TO DHSP'S CUSTOMER SUPPORT UNIT BY:

- Email: dhspsupport@ph.lacounty.gov
- Phone: (800) 260-8787
- In-person or by U.S. Mail:

  Division of HIV and STD Programs
  Attention: Customer Support Unit
  600 S. Commonwealth Ave., 10th Floor, Los Angeles, California, 90005