# **Health facilities complaint and occurrence contact**

[**Online Complaint Intake Form**](https://docs.google.com/a/state.co.us/forms/d/e/1FAIpQLScLOLmW1TxB6ZqDcUivQkVOvtLHZc7OfXBEKDkgL-4valt22Q/viewform)

Information required

* Who was involved.
* What happened.
* When it happened.
* How it happened.
* Where it happened.

**Email**

[cdphe.hfdintake@state.co.us](mailto:cdphe.hfdintake@state.co.us)

Subject line: [Relevant health care entity type], Complaint Intake

**Fax**

303-753-6214

“To”: [Relevant health care entity type], Complaint Intake

**Mail**

CDPHE, HFEMSD-C1

Attention: [Relevant health care entity type] Complaint Intake

4300 Cherry Creek Drive South

Denver, CO 80246-1530

**Phone**

**Ambulatory surgical center**

303-692-2827

**Assisted living residence**

303-691-4045

1-800-886-7689, enter 4045

**Dialysis center**

303-692-2827

**Home care agency and Hospice**

303-692-2910

1-800-842-8826

**Hospital**

303-692-2827

1-800-886-7689, ext. 2827

**Nursing home**

303-692-2442

1-800-886-7689,ext.2442

**Providers and facilities that serve people with intellectual and developmental disabilities, and other facilities**

303-692-2926

1-800-886-7689,ext.2926

**Occurrence reporting (providers)**

**Email:** [cdphe.hfoccur@state.co.us](mailto:cdphe.hfoccur@state.co.us)

**Phone**:303-692-2826