

## New Jersey DDD Self-Directed Option Program Complaint Form

Public Partnerships LLC (PPL) strives to provide the highest quality service possible. To file a complaint about PPL service, please complete this Complaint Form and return by email to [NJDDD-ADMIN@pcgus.com](mailto:NJDDD-ADMIN@pcgus.com). If additional information is needed, a PPL representative will contact you. If no further information is needed, PPL will provide a response within seven business days of receipt of this form. All fields must be filled in. If any fields are left blank, a PPL representative will contact you to request that the form be corrected and re-submitted.

Complainant's Information		
Name:	PPL ID (if applicable):	
Role in Program: <input type="checkbox"/> Participant <input type="checkbox"/> Employer of Record <input type="checkbox"/> Self-Directed Employee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Vendor/Provider Agency <input type="checkbox"/> Other _____		
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____	Phone Number:	
Best time to contact: _____	Email:	
Address:		
City:	State:	Zip Code:

Complaint Statement
Please explain the reason for the complaint and include as much detail as possible (participant name or DDD ID #, amount of payment discrepancy, date/s of customer service contact/s and names of customer service representative/s, etc.)
<b>Topic: Please check all that apply</b> <input type="checkbox"/> Employer Enrollment <input type="checkbox"/> Employee Enrollment <input type="checkbox"/> Timesheet/Invoice Submission <input type="checkbox"/> Payment <input type="checkbox"/> Taxes <input type="checkbox"/> Customer Service <input type="checkbox"/> Other _____

Desired Outcome

**Signature**

**Date**