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| --- | --- |
| Date |       |
| Name |       |
| How may we contact you? | [ ]  Phone [ ]  Mail [ ]  Other:       |
| Phone Number |       |
| Address |       |
| Please tell us about your complaint (be as specific as possible): |
| What happened? |  |
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| Who was involved? |  |
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| When did it happen? |  |
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| How would you like this complaint resolved? |  |
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| Additional Information |  |
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|  |
| Type of Concern: |
| [ ]  Access to Outpatient [ ]  Dignity and Respect[ ]  Quality/Appropriateness[ ]  Phone calls not returned[ ]  Service-Intensity [ ]  Service-Not Available | [ ]  Service-Coordination [ ]  Violation of Confidentiality[ ]  Physicians, ARNP’s and Medications[ ]  Financial & Admin Services[ ]  Residential[ ]  Housing | [ ]  Transportation[ ]  Emergency Services[ ]  Participation in Treatment[ ]  Other Rights Violations [ ]  Other: [ ]  Other:  |
| Client Signature:  |