Everyone deserves quality and compassionate care!

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?	
Who was involved?	
When did it happen?	
How would you like this complaint resolved?	
Additional Information	

Type of Concern:

☐ Access to Outpatient	☐ Service-Coordination	☐ Transportation
☐ Dignity and Respect	☐ Violation of Confidentiality	☐ Emergency Services
☐ Quality/Appropriateness	☐ Physicians, ARNP's and Medications	☐ Participation in Treatment
☐ Phone calls not returned	☐ Financial & Admin Services	☐ Other Rights Violations
☐ Service-Intensity	☐ Residential	☐ Other:
☐ Service-Not Available	☐ Housing	☐ Other:

Client Signature:

FHC STAFF: RETURN COMPLETED FORMS TO DIAN COOPER WITHIN 24 HOURS