|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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  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: | | | | |