				Revised 2022		
Section A: Complainant Information						
Last Name:		First Name:				
Address:						
City/State/Zip:						
Phone #:		Fax #:	E-mail:			
Status						
(Circle):	Client	Employee	Other:			
Section B: Target of Complaint						
Name of Service	e Provider:					
Address:						
City/State/Zip:			T			
Phone #:		Fax #:	E-mail:			
Status				0.1		
(Circle):	Agency	Agency Employee:		Other:		
Section C: Recipient of Complaint						
Last Name:		First Name:				
DCHHS Position	on:					
Address:						
City/State/Zip:			T			
Phone #:		Fax#:	E-mail:			
Section D: Other Completed Grievance Procedures						
Have you contacted the service provider regarding your complaint?YesNo						
If so, with whom did you speak?						
Were you able to reach a solution to the complaint?YesNo						
Do you have a copy of the written complaint submitted to the service provider?YesNo						
May we use the information you provided to resolve the complaint?YesNo						
May we use your name in conjunction with the resolution?YesNo						
Section E: Description of Complaint						
Date of Complaint:						
Type of Contac						

In person	Fax	Phone		
Type of Complaint (Check):  — — —	Denial of Services Violation of Confidentiality Discrimination Poor Quality of Care	Lack of Access to Services  Violation of Policies and Procedures  Other:		
Nature of Complaint:				
Action Requested by Complainant:  Section F: Actions Taken to Resolve Complaint  Action Taken (To be Completed by Person Receiving Complaint):				
Section G: Signature of Person Receiving Complaint				
Signature:	Date:			
Section H: Signature of Complainant (If Possible)				
Signature:		Date:		
If signature is not possible, pleas	e explain why:			