



Comment, Compliment or Complaint Form

This is a: Comment Compliment Complaint

Your Name: _____

Date: _____

Client(s) Name: (if you are not the client): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ () Cell () Work () Home Message Okay? () Yes () No

Alternate Phone: _____ () Cell () Work () Home Message Okay? () Yes () No

Provider Name: _____ Location: _____ Client's Health Plan:

Please tell us what happened. When did it happen? Who was involved? For complaints, provide any information which you think will help us resolve the situation. Write on the back of this form if necessary.

For Comments or Complaints: What would you like us to do to help resolve the situation? What do you want done about this?

You can file this complaint one of two ways:

1. Give the completed complaint form to your therapist.
2. Give the completed form to the front desk at the clinic where you receive services.

Complaint forms can be downloaded off our website at psyconops.com

For Office Use

Received: _____

Resolution date: _____

Contacts: _____

Resolution: _____
