

DAVIS BEHAVIORAL HEALTH, INC. - CLIENT COMPLAINT FORM

Client: Client ID:	Person making complaint:	Person receiving complaint:
Address:	Relationship to client/agency:	Date of Complaint: <input type="checkbox"/> Verbal <input type="checkbox"/> *Written
Phone Number:	Phone Number:	Date of Response: <input type="checkbox"/> Verbal <input type="checkbox"/> *Written (*If written response-attach copy)
Title 19 ID:	<input type="checkbox"/> Unable to contact client/complainant – letter sent (please attach the letter)	
Non-Traditional Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of the complaint/concern:		
Action taken by the person who received the complaint:		
Complaint resolution:		
Resolution Reported To:		
Follow-up Required: <input type="checkbox"/> None <input type="checkbox"/> Yes: Please describe what, who, time frame		
Staff name:	Signature:	