

# COMPLAINT FORM

## SECTION 1

**Please complete Section 1 ONLY. Directions are on the back of the form. You may use another piece of paper if you need more space to finish Section 1.**

**Today's Date:** \_\_\_\_\_

Name of Person Receiving Services: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Person Completing: Self \_\_\_ Representative \_\_\_ Staff \_\_\_ Other (Please specify relationship):  
\_\_\_\_\_

What is the complaint? Please include the date if it is not today's date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What program, service, staff and/or provider was the complaint with?

\_\_\_\_\_  
\_\_\_\_\_

What needs to happen to solve (fix) this complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who did you turn this form into (Program/Staff): \_\_\_\_\_

Sign Here (Person completing form): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information for Complainant (if not individual): \_\_\_\_\_

# How do I use this Complaint Form?

You can share a complaint **at any time** with any staff member about any complaint you feel you have with staff, services, or treatment. You can do this one of two ways: (1) By calling the Grievance & Appeals Coordinator at 810-583-0318 or (2) by completing the attached form. This side of the form explains how to complete the Complaint form.

**You can ask for help to fill out the Complaint form.** A staff person, a friend, or a guardian can help. You can tell a person what to write or write it yourself. Answer each question as best as you can.

Here are the key questions you need to answer so we can understand and solve your complaint:

- What is the complaint? When did it happen?
- Name of program where complaint happened? Person's name if you know it.
- What needs to happen to solve (fix) your complaint?

Here is a sample of a completed Complaint form:

<p><b>Today's Date:</b> <u>Friday, April 1</u> <b>What day did this happen?</b> <u>March 29.</u></p> <p>Your Name: (Please Print) John Smith      Telephone: 810 999 5555 1001 Any Where, Port Huron</p> <p><b>What is the complaint? Who is the complaint with?</b> <u>My counselor sees me after her lunch break. She is always late. It happened again last week on Wednesday, March 29th.</u></p> <p><b>What needs to happen to solve (fix) your complaint?</b> <u>My counselor needs to come back from lunch on time when I have an appointment with her.</u></p>
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When done, simply turn the form into any staff and ask them to send it to the Grievance & Appeals Coordinator. They will give you a copy for you to keep.

## Here is Important Information for You to Know.

The agency has a certain amount of time to solve complaints. You may or may not have the “fix” that you want to have. You will have a fair look at your complaint. If your complaint is about the amount or type of services you are receiving, the agency has 10 days (3 days for emergency situations) to meet and respond to your complaint. For “other” complaints, such as how you have been treated by staff, the agency has up to thirty (30) days to meet and respond to your complaint. In both cases, if you don't like the Agency response, you may have other appeal steps. Again, just contact the Grievance & Appeals Coordinator at 810-583-0318 if you have any questions.