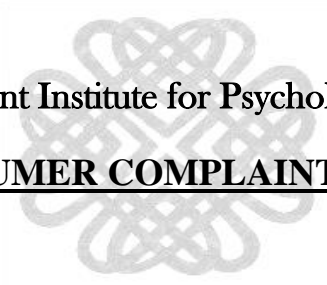


The Haymount Institute for Psychological Services



**CONSUMER COMPLAINT FORM**

The first step to solving a complaint is to describe the problem. If you have a concern about your services, staff, and/or treatment you may use this form to tell us about it.

When completed, please give this form to any staff member and we will start the process to resolve your complaint.

Today's Date: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your Name (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ When is the best time to contact you? \_\_\_\_\_

What is your complaint, concern or problem? :

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

Have you tried to resolve this problem with the staff person assigned to you or the immediate supervisor?( ) YES ( ) NO

How would you like the complaint to be resolved?:

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

Signature of person completing form

Date

To be completed by Agency Staff:

Was this complaint resolved? ( ) Yes ( ) NO

If no, what actions /steps have been taken to resolve the complaint?

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

As a consumer of THI your rights are protected by the agency's consumer rights policies and procedures. You also have the right to contact the Governor's Advocacy Council for Persons with Disabilities. The phone number is : 800-821-6922