


Mental Health Center
Client Grievance Form

Date Submitted:
Client Submitting Complaint:
Date and Location of the Occurrence:
Individuals Involved:

Describe Incident:

Resolution:

Follow-Up:

Resolution Accepted By:

_____	_____
Client Signature	Date
_____	_____
Staff Signature	Date
_____	_____
Supervisor/Program Director Signature	Date

*Anonymous comment/complaint forms can be placed in the box.
If you would like follow-up, please give your form to the front office staff.
Thank you!*