

Once completed, please return this complaint to  
SalusCare, ATTN: QM Dept., 3763 Evans Ave., Fort Myers, FL 33901



**STATEMENT OF COMPLAINT**

PLEASE PRINT

**Person Making Complaint:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name** (if different than above): \_\_\_\_\_

**Relationship to Patient:**  Self  Parent  Spouse  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City, State Zip Code

**Phone Numbers:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Date and Time Problem Occurred:** \_\_\_\_\_

**Describe Your Experience:**

\_\_\_\_\_

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**What steps would you like taken to resolve your concerns?**

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

**Would you like us to contact you to follow up? (Circle one)**      Yes                      No

**Complainant Signature** \_\_\_\_\_ (If Present)

**Should you want to take your complaint to another agency, we have provided contact information for you:**

FL Dept. of Children & Families Office of Civil Rights 1317 Winewood Blvd. Bldg 1, Rm. 110 Tallahassee, FL 32399 (850) 487-1901  TDD (850) 922-9220	U.S. Dept. of Health & Human Services Office of Civil Rights Atlanta Federal Center, Ste. 3B70 61 Forsyth Street, SW Atlanta, GA 30303-7886 Voice Phone (404) 562-7886 TDD (404) 331-2867	Central Florida Behavioral Health Network, Inc. (CFBHN). 719 US Hwy 301 S. Tampa, FL 33619 (877) 355-2377	DCF Substance Abuse and Mental Health Program Office 813-337-5700 9393 North Florida Avenue Tampa Florida 33612
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