

For Administrative Use Only

Date/Time Received by QM

Complaint Number

24-



# STATEMENT OF COMPLAINT

**PLEASE PRINT**

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

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

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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