

# Davis Behavioral Health Grievance Form

## Client Information

Client Name : \_\_\_\_\_

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

Client Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Person Receiving Complaint: \_\_\_\_\_

## Summary of the complaint/concern:

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Client Signature: \_\_\_\_\_