



MID SHORE
BEHAVIORAL HEALTH

Complaint Reporting Form

Date:	County:
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<u>Name of Person Filing Complaint</u>	<u>Provider or Entity to which the complaint is about</u>
Address	Address
Phone number	Phone number
E-mail	E-mail
Preferred Contact Method	

Details (Please include dates and specifics):

What have you done to try to resolve this?

Have you followed the provider's grievance policy: