SALT RIVER PIMA-MARICOPA

INDIAN COMMUNITY

Department of Health and Human Services

10901 East McDowell Road / Scottsdale, Arizona 85256-9722

Phone (480) 362-5500/Fax (480) 362-5566

**CLIENT COMPLAINT FORM**

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| **Client Information**  **(Please write in the name of the client that filed the complaint. Write “anonymous” if the client wishes to remain anonymous)** | |
| Client Name: | Client Phone: |
| Client Email: | |
| Program Area:  □ Behavioral Health □ Walk-in Clinic  □ Dental □ Imaging  □ Public Health □ Lab  □ Optometry □ Pharmacy  □ Physical Therapy □ Podiatry  □ Primary Care □ Pediatrics  □ Registration  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Complaint Information** | |
| Complaint Date: | Form Completed by: |
| Complaint Details (Please state the details of why you are upset): | |
| How to Resolve (Please state how you would like to see this issue resolved): | |