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**

|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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): |