



Client Comment, Compliment, or Complaint Form

Our clients should have reasonable expectations of care and services provided to them while at the Scraper Counseling Center. We are committed to addressing situations when those expectations are not met in a timely, reasonable, and consistent manner. We are also happy to hear any comments, compliments, or other ideas. Due to the nature of a complaint or grievance, your personal information will be protected to the extent allowed by law. However, within our organization, these complaints or grievances will require investigation to gain a better understanding of the complaint and will only be share with the necessary parties.

Our Director of Counseling Services will follow up with you on all complaints or grievances.

This Comment/Complaint/Grievance is regarding:

Name: _____ Date: _____

Phone: _____ Email: _____

This is a: _____ Complement _____ Comment _____ Complaint/Grievance

Your Signature: _____ Date: _____



DETAILS OF YOUR COMMENT, COMPLIMENT, or COMPLAINT

(Please be as specific as possible with the following: [1] please state what happened; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event. Use additional paper if you need more room).

Office Use Only

Reviewed By: _____ Date Received: _____

Reviewer's Comments: _____

Date Client Was Notified of Resolution By Email: _____