



## Madrone Mental Health Grievance Form

This form should be used to document any complaints with the MMH clinic and services provided by MMH staff. A grievance concerning a particular act or situation must be brought within 30 days after the act or situation occurred. If the grievance is not completed within the specified time limit an explanation describing the delay should be attached. It is at MMH's discretion to extend the time limit.

Please return this completed form in one of the following ways: email to [contact@madronementalhealth.com](mailto:contact@madronementalhealth.com), fax to 541-210-5310, or drop off at the reception desk.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client's name (if you are not the client): \_\_\_\_\_

Describe the situation you are dissatisfied with. (What happened? When did it happen? Who was involved?)

How do you think the complaint should be fixed? Give specifics.