

Formal Complaint - Arubah Emotional Health Services

Staff Filling Out Form: _____ **Date of Complaint:** _____

Staff or Entity Involved In
Complaint: _____

Details of Complaint (attempt to quote reported info):

Action Items:
Date of Committee Meeting: _____
How was the complaint addressed?

What is this complaint related to? Therapy? ARMHS? CTSS? Partnership? HIPAA?

Was HIPAA breached?

Was client or staff safety put at risk?

Other response needed?

Date Client or Entity was called back: _____ By: _____
Signature of supervisor: _____