

ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY

2666 Riva Road, Suite 160, Annapolis, Maryland 21404

Telephone 410-222-7858

CONCERNS/COMPLAINT REPORT

NAME _____ **DATE** _____

WRITER OF COMPLAINT (if other than consumer) _____

RELATIONSHIP _____

MAILING ADDRESS _____

TELEPHONE: (Home) _____ **(Work)** _____

CONCERN/COMPLAINT AGAINST _____

If your complaint is against one of your service providers, have you made a complaint through their complaint program? YES ____ NO ____ . If the answer is yes, please fill in the remainder of the form and send it to the above address. If the answer is no, you may wish to consider contacting your provider first. If that contact is not satisfactory, then we are available as the next level of recourse for you. However you may still contact us first, if you wish.

SUMMARY OF COMPLAINT/CONCERN: _____

_____ (continued on page 2)

