

Western Psychological and Counseling Services, PC. Complaint Form

Please complete all of this form. Use the back of this page if you need to. You will receive a written and/or verbal response within seven (7) business days from the date of this form. If you do not agree with the response provided, you have the right to ask us to change the findings by filing an Appeal.

Your Name: _____ Date: _____

Client(s) Name: {if you are not the client}: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ day/eve message Okay? Yes No

Work Phone: _____ day/eve message Okay? Yes No

Therapist/Provider Name: _____ Location: _____

Please tell us what happened. When did it happen? Who was involved? Please provide any information which you think will help us resolve the situation. Write on the back of this form if necessary.

What would you like us to do to help resolve the situation? What do you want done about this?

Is this an emergency? Yes No

You can file this complaint one of three ways:

1. Give the completed complaint form to your therapist or the front desk at the clinic where you receive services.
2. Mail the completed complaint form to WPCS C/O Joe Hromco PO Box 82819 Portland, OR 97282
3. Call Joe Hromco, Vice President of Operations at 503.828.8718

Complaint forms can be downloaded off our Web Site at WesternPsych.com