



**Comment, Compliment, or Grievance/Complaint Form**

**This is a Comment**  **Compliment**  **Grievance/Complaint**  **Expedited Review Requested**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Client(s) (if you are not the client): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell ( \_\_\_\_\_ ) - \_\_\_\_\_ Work ( \_\_\_\_\_ ) - \_\_\_\_\_ Home ( \_\_\_\_\_ ) - \_\_\_\_\_

Okay to leave a message: Cell  Work  Home

LifeStance Clinician Name(s): \_\_\_\_\_

LifeStance Site(s): \_\_\_\_\_

Client's Health Plan: \_\_\_\_\_

Please tell us what happened. When did it happen? Who was involved? For a complaint, please provide any information you think will help resolve the situation (use blank area on back of form if more space is needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For comments or complaints: What would you like us to do to help resolve the situation? What do you want done about this? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit your comment, compliment, or complaint/grievance in one of the following ways:

- 1. Give the completed form to your clinician or the front desk at the clinic where you receive services.
- 2. Mail the completed form to your clinician's office, Attention: Site Director.
- 3. Call your clinician's office and ask to speak to the Site Director.

Additional forms are available on our website: [www.westernpsych.com/forms](http://www.westernpsych.com/forms).

Please know you also have a right to file a grievance/complaint with the following organizations:

Oregon Health Authority - Health Systems Division: 1-800-527-5772

Disability Rights Oregon: 1-800-452-1694

Governor's Advocacy Office: 503-945-6904

Coordinated Care Organizations:

CareOregon/HealthShare: 1-800-224-4840

Trillium Community Health Plan: 1-877-367-1332

PacificSource Community Solutions: 1-541-382-5920

InterCommunity Health Network: 1-800-832-4580

Yamhill Community Care: 1-855-722-8205

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Resolved: \_\_\_\_\_

Resolution: \_\_\_\_\_

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Contacts: \_\_\_\_\_