



LifeStance
HEALTH

Comment, Compliment or Complaint Form

This is a: ___ Comment ___ Compliment ___ Complaint

Your Name: _____

Date: _____

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

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ () Cell () Work ()

Home Message Okay? () Yes () No Alternate Phone:

_____ () Cell () Work () Home Message

Okay? () Yes () No

LifeStance Provider Name: _____

LifeStance Site/Location: _____

Client's Health Plan: _____

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

For Comments or Complaints: What would you like us to do to help resolve the situation? What do you want done about this?

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 your clinician's office, Attn: Site Director.
3. Call your clinician's office and ask to speak to the Site Director.

• Complaint forms can be downloaded off our website at westernpsych.com

FOR OFFICE USE

Received Date: _____

Resolution Date: _____

Resolution: _____

Contacts: _____