

## 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

Western Provider Name: \_\_\_\_\_ Western 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.

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

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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 website at [westernpsych.com](http://westernpsych.com)

**For Office Use**

Received: \_\_\_\_\_

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

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

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

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