

Confidential Mindful Recovery Client Complaint Form

Clients have the right to file a grievance regarding treatment or care that is (or fails to be) furnished without fear of discrimination or retaliation and have it resolved in a fair, efficient, and timely manner. All complaints are confidential and will be given serious attention. This client complaint form will be routed to the administration department who will directly address your concern.

Client Information

Client Name
Client Phone Number
Client Address
Client Email

Complaint Information

Date of Complaint occurrence
If not, the client making complaint, please list full name & relationship to the client involved
Mindful Recovery Staff Member involved.
Summary of problem or reason for Complaint

Complainant Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Complaint received by:	
Complaint received date:	

Complaint Type	Describe Concern
<input type="checkbox"/> Access to care/support	<ul style="list-style-type: none"> • Takes too long to get an appointment. • Takes too long to respond to email. • Takes too long to respond to telephone call. • Other
<input type="checkbox"/> Clinical: Program operations	<ul style="list-style-type: none"> • Appointment Scheduling Issue • Prescription Issue • Dispensing Pharmacy issue • Referral Process • Communication of treatment plan
<input type="checkbox"/> Individual with Multiple Complaints	
<input type="checkbox"/> Repeated or previously unresolved complaint	
<input type="checkbox"/> Personal Interaction with staff member	<ul style="list-style-type: none"> • Poor Communication • Rude and/or unprofessional behaviour • Other
<input type="checkbox"/> Other concern	

Action/s Taken or Required to resolve issue:	
Client outcome	
Was issue resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not resolved, state reason(s) why:	
Final follow-up phone call to patient/client required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, completed by name:	
Date Completed:	

Administration Signature: _____ Date: ____/____/____