

**ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY**

2666 Riva Road, Suite 160, Annapolis, Maryland 21404

Telephone 410-222-7858

**CONCERNS/COMPLAINT REPORT**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WRITER OF COMPLAINT** (if other than consumer) \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**CONCERN/COMPLAINT AGAINST** \_\_\_\_\_

If your complaint is against one of your service providers, have you made a complaint through their complaint program? YES \_\_\_\_ NO \_\_\_\_ . If the answer is yes, please fill in the remainder of the form and send it to the above address. If the answer is no, you may wish to consider contacting your provider first. If that contact is not satisfactory, then we are available as the next level of recourse for you. However you may still contact us first, if you wish.

**SUMMARY OF COMPLAINT/CONCERN:** \_\_\_\_\_

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