

KENNEBEC BEHAVIORAL HEALTH

Complaint/Grievance Form

Statement of Purpose

In order to constantly improve client services and customer satisfaction with service delivery, Kennebec Behavioral Health staff and administration want to hear from you regarding problems you have had with the agency. Please take a few minutes to fill out this form so that we can understand your concerns and begin to address them as soon as possible.

If you need or would like help filling out this form, please inform the staff and they will help you.

Please check one:

This is an initial complaint

This is a formal grievance

Name of Person Making the Complaint/Grievance _____

Complaint/Grievance Made on Behalf of _____

Date Filed _____

Date (s) of Incident (s), if you know _____

Description of Incident (s)* _____

*Please feel free to add additional pages and/or supporting documents if you wish.

Suggested Remedies (optional)** _____

** Please feel free to add more if you wish.

Signature of Person Filing Complaint/Grievance _____

Date _____

You may drop this off at any KBH location or mail to:

Kennebec Behavioral Health
66 Stone Street
Augusta Maine 04330
Attn: Compliance Office

KBH Use Only
Received by _____ Kennebec Behavioral Health Staff Signature
Date of Receipt by KBH Staff. _____
Assigned to _____