

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:

I wish to file a formal **Complaint**

I wish to file a formal **Grievance** (please note that we may be required to share information regarding your grievance with the applicable State Agency responsible for monitoring Client Rights issues and concerns). Grievances may be filed if the initial formal complaint did not yield satisfactory results or the issue of concern is a possible violation of Client Rights.

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
Administrative Office
67 Eustis Parkway
Waterville ME 04901*

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