

Blair County Drug and Alcohol Complaint Form

Client Name _____

Date _____

Treatment Provider _____

Area of Complaint:

___1. Denial or termination of services

___3. Length of stay in treatment

___2. Level of care determination

___4. Violation of the individual's human or civil rights

Client's concerns regarding the above are of complaint: (if additional space is needed please attach pages to this form)

Date Provider notified of Complaint: _____

Outcome of provider's review of the above complaint:

Complaint resolved: ___yes ___no

Provider Signature _____

If not resolved date referred to Single County Authority _____