

# 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** \_\_\_\_\_