

COMPLAINT RESOLUTION REQUEST

Please print and complete this form and submit to any Alexandria Community Services Board employee or contact any CSB employee for assistance in making a complaint verbally. You may also ask any employee for the contact information of the CSB Human Rights Advocate to make a complaint. This form is available for pick-up in all CSB lobbies and public areas including residential programs.

Client Name:

Client Contact Phone Number:

Program of Complaint:

☐ MH Outpatient ☐ Psychiatry ☐ SA Outpatient ☐ OTP ☐ MH Case Management

☐ SA Case Management ☐ DD Case Management ☐ DD Day Support/Employment

☐ DD Residential ☐ MH Residential ☐ SA Residential ☐ Youth and Family Services

☐ Elderly MH/CM Services ☐ West End Wellness Center ☐ Supported Living ☐ PACT

☐ TRAILS ☐ Other

Complaint Type:

☐ Environmental/Facility ☐ Provider ☐ Peer/Other Client ☐ Program Policies/Rules

☐ Client Care ☐ Other

Description of Complaint:

[illegible]

Expected Outcome:

Contact Name

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Preferred Method of Contact (phone, email, text. List all)

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Signature

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Date

