

Northland-Rural Therapy Associates, LLC
2224 East Cedar Ave Suite 1
Flagstaff, AZ 86004
(928)779-1679- phone
(928)779-2822- FAX

COMPLAINT/GRIEVANCE FORM

DATE: _____

NAME OF PERSON FILLING OUT FORM: _____

CIRCLE POSITION OF PERSON FILLING OUT FORM: family staff director

DESCRIBE THE COMPLAINT/GRIEVANCE (include pertinent names):

PLAN OF HOW THE COMPLAINT/GRIEVANCE WILL BE RESOLVED:

OTHER FEEDBACK FOR THE IMPROVEMENT OF SERVICES:

*******This complaint/grievance will be shared with the individual identified in the grievance/complaint within 3 days. A corrective action plan will be established within 2-4 weeks from the date this form was filled out.**

Signature/Date

Signature/Date