

CONSUMER COMPLAINT FORM

INSTRUCTIONS: Please complete this form and fax or mail to the above address. Also, any supporting documentation regarding this complaint can be attached and submitted as well. Make copies of this form as needed.

Name of Therapist

Your Name

Address

Your Address

City ST Zip

City ST Zip

Telephone

Telephone (Home) (Work)

Date of Service

How did you learn about this?

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem: _____

Signature

Date