



Comment, Compliment, or Grievance/Complaint Form

This is a Comment **Compliment** **Grievance/Complaint** **Expedited Review Requested**

Name: _____ Date: _____

Name of Client(s) (if you are not the client): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell (_____) - _____ Work (_____) - _____ Home (_____) - _____

Okay to leave a message: Cell Work Home

LifeStance Clinician Name(s): _____

LifeStance Site(s): _____

Client's Health Plan: _____

Please tell us what happened. When did it happen? Who was involved? For a complaint, please provide any information you think will help resolve the situation (use blank area on back of form if more space is needed).

For comments or complaints: What would you like us to do to help resolve the situation? What do you want done about this? _____

Please submit your comment, compliment, or complaint/grievance in one of the following ways:

- 1. Give the completed form to your clinician or the front desk at the clinic where you receive services.
- 2. Mail the completed form to your clinician's office, Attention: Site Director.
- 3. Call your clinician's office and ask to speak to the Site Director.

Additional forms are available on our website: www.westernpsych.com/forms.

Please know you also have a right to file a grievance/complaint with the following organizations:

Oregon Health Authority - Health Systems Division: 1-800-527-5772

Disability Rights Oregon: 1-800-452-1694

Governor's Advocacy Office: 503-945-6904

Coordinated Care Organizations:

CareOregon/HealthShare: 1-800-224-4840

Trillium Community Health Plan: 1-877-367-1332

PacificSource Community Solutions: 1-541-382-5920

InterCommunity Health Network: 1-800-832-4580

Yamhill Community Care: 1-855-722-8205

FOR OFFICE USE ONLY

Date Received: _____ Date Resolved: _____

Resolution: _____

Contacts: _____