



**BEHAVIORAL HEALTH NETWORK, INC.
 417 LIBERTY STREET
 SPRINGFIELD, MA 01104
 PHONE: (413) 747-0705 / FAX: (413) 732-7075**

COMPLAINT FORM

<i>If your complaint is about a violation of...</i>	<i>Privacy Rights</i>	Please return this form to: Privacy Officer
<i>If your complaint is about a violation of...</i>	<i>Human Rights</i>	Please return this form to Human Rights Director
<i>If your complaint is about...</i>	<i>Services</i>	Write the name of the Program below: _____

Send all complaints to the Address or Fax above.

Person Making Complaint: _____ Date of Incident: _____

Client's Name: _____ Date of Birth: _____

Your Address: _____

Your Phone: _____ Today's Date: _____

During the course of our investigation of your complaint, we may need to write a letter to you or call you. May we:

Write a letter to the address above? YES NO

Call you at the number listed above? YES NO

Leave a message at the number listed above? YES NO

