

Anchorage Community Mental Health Services Consumer Grievance and Complaint Form

This form is used to file a grievance or complaint. If you need assistance in completing the form, you can request help from your provider, or call the Director of Care Management at 907-563-1000. This grievance/complaint form can be submitted to your primary staff, program supervisor or mailed directly to:

**Anchorage Community Mental Health Services
Attn: Director of Care Management
4020 Folker Street,
Anchorage, AK 99508**

Print your name here: _____ Your Telephone Number: _____

Today's date: _____

Location where grievance/complaint occurred: _____

Date this occurred: _____ Time this occurred: _____

Print name of Individual representing you (if applicable): _____

Representative's daytime telephone number: _____

Please write down what happened:

What is the outcome you want from your grievance?

Is there a staff member who you have a grievance with or complaining about? Yes ____ No ____

If yes, what is the staff member's name? _____

Please sign your name below:

Your Signature _____