

Alaska Behavioral Health

Consumer Grievance and Complaint Form

This form is used to file a grievance or complaint. If you need help to complete the form, you can ask for help from your provider, or call the Chief Patient Experience Officer at 907-563-1000.

This grievance/complaint form can be submitted to your primary staff, program supervisor or mailed directly

to: **Alaska Behavioral Health**
Attn: Chief Patient Experience Officer
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 a complaint about? Yes ____ No ____

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

Please sign your name below:

Your Signature _____