

Filing a Complaint, Grievance or Quality of Care Concern

Directions: Please complete the following form in its entirety when filing a complaint, grievance or quality of care concern with MIND 24-7.

Name:	<i>Please enter your first and last name or Anonymous if you do not wish to disclose your identity</i>
Today's Date:	<i>Please enter in the following form: MM/DD/YYYY</i>
Type of Complaint	<i>For example: Complaint, Grievance, or Quality of Care</i>
Nature of the event – Please select one of the following: <ul style="list-style-type: none"> • Patient Care • Patient Safety • Staff Interaction • Quality of the food • Facility issue 	<i>Please briefly describe the nature of the event</i>
Where did the event occur	<i>Please enter the clinic name or address</i>
Date of the event	<i>Please enter in the following form: MM/DD/YYYY</i>
We may need to gather more information about the event in order to complete the investigation. Please provide us with the following:	
Best way to reach you	<i>Please provide a phone number or email address</i>
Best time to reach you	<i>For example: morning, afternoon, evenings, or a specific time.</i>
Would you like us to send you an update on the outcome of the investigation?	<i>Yes or No</i>
If yes, how would you like to receive it?	<i>Please provide a phone number, email address, or mailing address</i>

Thank you for filing your complaint or grievance with MIND 24-7. The satisfaction and safety of our customers is very important to us. We

If we have any questions about your submission, we will reach out to the contact information provided above. If you have any questions, please contact us by calling 1-844-MIND247 or by emailing us at complaints@mind24-7.com.

Have a great day!
Your MIND 24-7 Customer Experience Team