MIND24-7

An open door to mental health care, around the clock.

MIND 24-7 Complaint, Grievance or Quality of Care Concern

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

Your Name: *

Please enter your FIRST and LAST name (or ANONYMOUS if you do not wish to disclose your identity).

Type of Concern: *

- ◯ Complaint
- ◯ Grievance
- ◯ Quality of Care Concern

Nature of the Event: (please select one of the following) *

- ◯ Patient Care
- ◯ Patient Safety
- ◯ Staff Interaction
- ◯ Quality of the Food
- ◯ Facility Issue

Details of the Event: *

Briefly describe the nature of the event.

Where did the event occur: *

Please enter the clinic name or address.

On what date did the event occur? *

Month Day Year

What is the best way to reach you? *

- ◯ Call Me
- ◯ Email Me
- ◯ I wish to remain annonymous.

Phone Number

Area Code Phone Number

Email

example@example.com

Best time to reach you: (select all that apply, or in OTHER enter a specific time/time range)

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings
- ☐

Would you like us to send you an update on the outcome of the investigation?

How would you like to receive an update

- ◯ Phone
- ◯ Email
- ◯ Mail (please provide below)

Mailing Address

ONCE COMPLETE, PLEASE EMAIL THIS FORM TO COMPLAINTS@MIND24-7.COM.

The satisfaction and safety of our customers is very important to us. 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 **844-MIND247 (844-646-3247)** or by emailing us at **complaints@mind24-7.com**.