

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.

Please note that forms are processed Monday-Friday, 8:00 AM - 4:30 PM.

Please allow up to 5 business days for processing.

**Your Name**

**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 Food  Facility Issue

**Details of the Event:**

**Where did the event occur:**

- CAMELBACK, 9675 W Camelback Rd, Phoenix, AZ 85037  HIGLEY, 1138 S Higley Rd, Mesa, AZ 85206  
 METRO, 10046 N Metro Pkwy W, Phoenix, AZ 85051  Other

**Other location**

**On what date did the event occur?**

**What is the best way to reach you?**

- Phone  Email  I wish to remain anonymous

**Phone Number**

**Email**

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

- Mornings  Afternoons  Evenings  Other

**Preferred Time/Time Range**

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

- Yes  No

**How would you like to receive an update?**

- Phone  Email  By Mail

## Complaint, Grievance, or Quality of Care Concern

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Phone

Email

Street Address

City

State

Zipcode

Please upload any photos or files to support your claim here.

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Thank you for filing your complaint or grievance with MIND 24-7.

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 **1-844-MIND247**

or by emailing us at **compliance@mind24-7.com**.