Service Complaint Form

The Guilford Center is committed to the protection of clients' rights and to the provision of quality services. The Guilford Center is responsible for receiving and responding to complaints concerning rights violations or the provision of public Mental Health, Developmental Disability, and Substance Abuse Services in Guilford County. Complaints are viewed as vital information for continuous quality improvement of the service system.

If you have a complaint about a client rights violation or the provision of public services in Guilford County, please complete this form and send it to the following: The Guilford Center, Client Rights/Quality Improvement Unit, 232 N. Edgeworth Street, Greensboro. N.C. 27401 or call (336) 641-6644. The form can also be attached to an email: gsalgado@GuilfordCenter.com.

Provider & Complainant (Person making complaint)

Provider Name:	**Complainant Name:**
Address:	Address:
Type of Service:	Phone #:
	You are *(check one)*: ( ) client/legal guardian ( ) Guilford Center Staff ( ) other (please specify)_____

Complaint *(In Complainant's words)(Be specific about Who, What, When, Where, and How.)*

Complaint:

Who have you talked with about your concerns:

What was the result:

What would you suggest to resolve this:

Today's date_____ Complainant's Signature_____