RECIPIENT COMPLAINT FORM

INSTRUCTIONS:
If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation.
You may drop the form off at or mail the form to: **Child Enrichment Center 1950 Keene Road, Building L, Richland, WA 99352**. **Please address it to Attn: Recipient Rights**

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Practice Location: ☐ Richland/Moses Lake ☐ Wenatchee/Cashmere
Complainant's Phone Number:	Is this a specific instance or a general complaint?

What type of complaint? ☐ Client Rights Violation(see client rights) ☐ Service Contract Violation (see parent agreement)
☐ Dissatisfaction of treatment plan and services provided ☐ Other: _____

Describe your complaint:

What would you like to have happen in order to correct the violation or the problem?

Complainant's Signature	Date

Child Enrichment Center Representative Reviewed: Date Reviewed: