



Complaint Form

It is the policy of NW ADHD Treatment Center to address all complaints in an efficient manner. To file a complaint, fill out the form below. Please be aware that all information below will be shared with relevant management team members.

THIS FORM IS NOT CONSIDERED TO BE PART OF YOUR CONFIDENTIAL RECORD.

If your complaint relates to concerns of clinical practice, aspects of your chart may need to be reviewed. By completing this form, you agree to allow your clinical record to be reviewed by relevant members of the NW ADHD Management Team, if needed, to address the complaint. Please also be aware that for documentation purposes of complaints related to clinical practice, this form and any resolution strategies may be added to your clinical record.

The Office Manager will initially review the complaint and provide it for discussion at the next management team meeting. The complaint will be discussed within 14 days of it being received.

A summary of any resolution strategies will be added to the complaint. The complaint and any resolution strategies will be kept as part of an administrative file.

By signing, you agree to the above process to resolve the concern.

Name (Printed)

Date

Name (Signature)

Please summarize the concern below:

