



## Complaint/Grievance Form

Person reporting occurrence (optional) \_\_\_\_\_

Name of all persons involved: \_\_\_\_\_

Physical location of occurrence: \_\_\_\_\_

Time of occurrence: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Time Reported: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Reported To: \_\_\_\_\_

Describe complaint/grievance

Suggested resolution

\_\_\_\_\_  
Signature (optional)

\_\_\_\_\_  
Date

*Consumers may seek assistance from an advocate or other appropriate persons as necessary. The Quest consumer grievance coordinator is Tiffany Couch, 405.620.6092. She will coordinate Quest's grievance advocacy program. Any grievance resolution will be determined by Marla Marcum, CEO, or the program's local facility advocate, Tiffany Couch, CD. Please mail form to PO Box 309, Antlers, OK 74523. The contact information for the Oklahoma Department of Mental Health and Substance Abuse is 1(866)699-6605 or 1(405)521-4256, Advocacy Division, 2401 NW 23rd Street, Suite 82, Oklahoma City, OK 73070.*

*For Office Use Only*

Date Received \_\_\_\_\_

Resolution or Action Taken

Results of Action Taken

Has a similar incident occurred in the past year that would suggest a trend? ☐ Yes ☐ No

Was complaint satisfied with determination? ☐ Yes ☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_  
Quest Signature

\_\_\_\_\_  
Date