

RECOVERY HOUSING COMPLAINT FORM

Name/Signature		Email Address	
Landline Phone		Mobile Phone	
Mailing Address:			
Name of Recovery House/Agency		Address Of Recovery House - City, State, Zip Code	

TYPE OF COMPLAINT (PLEASE CHECK ONE OR MORE):

Area of Complaint (Please Check)	Brief Description
<input type="checkbox"/> Safety/Health	
<input type="checkbox"/> Management/House Operations	
<input type="checkbox"/> Financial	
<input type="checkbox"/> Staffing (<i>name of specific staff if applicable</i>)	
<input type="checkbox"/> Rules and Regulations	
<input type="checkbox"/> Recovery Support Environment	

<input type="checkbox"/> Facility/House	
<input type="checkbox"/> Other Concerns (<i>Please describe</i>)	

Please provide additional detail on the events/circumstances that lead to the grievance. (Attach additional pages if needed.)

Please describe what you feel should be done to resolve this situation to your satisfaction.

Received: _____ **Action(s) Taken:** _____

Resolution: _____