

Fairfield County ADAMH Board Complaint Form

Complainant Name: _____ **Relationship:** _____

Please briefly describe your complaint. Please include the date, time, and location of incident or complaint and name the participants involved.

Signature of Complainant: _____ **Date:** _____

Signature of ADAMH CRO: _____ **Date:** _____

For Office Use Only:

Note Date and Attach Client’s Written Approval to Release Information: _____

Date Complaint Received: _____ **Date Sent to Agency, If Applicable:** _____

If Agency already investigated, Date Report Requested from Agency: _____

If Agency already investigated, Date Report Received at Board Office _____

Note Date and Attach Signed Summary of ADAMH Investigation Resolution: _____