

AHRC Nassau and Citizens

Complaint Form for People Supported

Forward Form to COMPASS/QA Department:

Phone: (516) 293-1111

E-Mail: complaints@ahrc.org

Fax: (516) 470-2477

Address: 115 East Bethpage Rd.

Mail Drop: 41

Plainview, NY 11803

Please complete this form only for non-incident related concerns. **You may file this complaint anonymously.** If you need assistance with this form, please contact a trusted person or the COMPASS /CQL Department at 516 293-2016.

Your Name
(Optional):

Today's Date:

Your Address:

Please let us know the best way to contact you.

Home Phone Number:

Best Days & Times to Call

Your Cell Phone Number:

Best Days & Times to Call

Your Email Address:

COMPLAINT DESCRIPTION

Describe your complaint or concern below.

Please include if applicable the Time: _____ Date: _____ and Location: _____ of your complaint.

Please include who have you spoken to about this complaint: _____

QA Department Section

Date Received _____ Complaint Number _____ Assigned To _____

Please notify person above within one business day that their complaint was received.

Describe Inquiry, Recommendations to Resolve Complaint, and Follow-up (to complete within 10 business days of receipt):

Date Person Notified of Outcome: _____ By: _____

Was person satisfied? _____ Yes _____ No (If not satisfied, please inform person of grievance procedure and assist to access if desired)