SB&H Internal Member Complaint Form

**Member Information:**

Name:

 (Last, First, M.I.)

Address/Program:

 Street City State Zip

Phone: ( ) - Date of Birth:

**Information about the person filing (if different than above):**

Name:

 (Last, First, M.I.)

Address:

 Street City State Zip

Phone: ( ) -

Relationship to the Member/Applicant (i.e. Provider, Parent or Guardian):

**Has anyone assisted you with this complaint?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Complaint:** (Please include dates, names, locations, also any other attempts to resolve the problem, attaching additional pages as necessary.)

**What resolution would you like to see?**

**Please send this complete form to Risk Management:**

 Southwest Behavioral Health Services

 Risk Management Department

 Attn: Complaints

 3450 N. 3rd St.

 Phoenix, AZ 85012

 Fax: 602-265-8559

 Phone: 602-257-9339

Member Signature: Date: