



CLIENT FEEDBACK

Please use this form to document client complaints, feedback, et cetera. Please do not use the Feedback and Consultation Form for complaints.

DATE _____ CLIENT NAME _____

COMPLAINT REGARDING THERAPIST _____ PSYCHIATRIST _____

OTHER STAFF _____ FACILITIES _____ _____

DETAILS OF COMPLAINT

use back of form if additional space needed

DOCUMENTATION OF ADDITIONAL FOLLOW-UP

use back of form if additional space needed

FINAL DISPOSITION

SITUATION RESOLVED, CONTINUING WITH CURRENT CLINICIAN

TRANSFERRED (COMPLETE TRANSFER FORM)
