

Logan Mingo Area Mental Health, Inc.

Complaint Form

Instructions:

LOGAN MINGO AREA MENTAL HEALTH, INC. is committed to respecting your right to privacy of your personal health information and in providing quality healthcare. We take all complaints very seriously, and will not retaliate for filing a complaint. To file a complaint, complete this form and return it to:

Logan Mingo Area Mental Health, Inc.
P.O. Box 176
Logan, West Virginia 25601
Attn: Complaint Committee

COMPLAINT SUBMITTED BY: Patient Other

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Social Security #: _____

COMPLAINT INVOLVES:

Description of Complaint:

SIGNATURE: _____ DATE: _____