

# Tribute Counseling & Family Services Inc.

Marriage & Family Therapy Services • 8555 Reseda Blvd, Northridge, CA 91324 • Tel: (818) 927-1284 • Email: info@tributecfs.com

## CLIENT GRIEVANCE & COMPLAINT FORM

We are committed to providing high-quality care and maintaining a respectful, ethical therapeutic environment. If you have concerns, dissatisfaction, or a formal grievance, please complete this form.

### 1. CLIENT & CONTACT INFORMATION

|                                                            |                                                                                                                          |                     |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|
| Full Name of Client:                                       | Date of Birth:                                                                                                           | Date of Submission: |
| Name of Person Filing (if parent/guardian/representative): | Phone Number:                                                                                                            | Email Address:      |
| Mailing Address:                                           | Preferred Contact Method:<br><input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail |                     |

### 2. DETAILS OF GRIEVANCE OR COMPLAINT

|                                            |                                |
|--------------------------------------------|--------------------------------|
| Name of Therapist / Staff Member Involved: | Date(s) & Time(s) of Incident: |
|--------------------------------------------|--------------------------------|

Please describe your complaint or concern in detail. Include specific dates, actions, or comments:

Desired Resolution / How can we best resolve this matter for you?

**Client Rights & Non-Retaliation Policy:** Submitting a grievance will in no way compromise, affect, or reduce your access to quality therapeutic care at Tribute Counseling & Family Services Inc. All grievances will be thoroughly investigated by practice management within 30 days. You also reserve the right to file a complaint directly with your health plan or the California Board of Behavioral Sciences (BBS).

### 3. ACKNOWLEDGMENT & SIGNATURE

I certify that the information provided above is true and accurate to the best of my knowledge.

|                                                  |      |
|--------------------------------------------------|------|
| Signature of Client or Authorized Representative | Date |
|--------------------------------------------------|------|

FOR ADMINISTRATIVE USE ONLY

|                                              |                           |                           |
|----------------------------------------------|---------------------------|---------------------------|
| Date Received:                               | Received By (Staff Name): | Resolution / Action Date: |
| Summary of Action Taken / Response Provided: |                           |                           |