Adult Mental Health Division
Grievance Form

The Department of Health (DOH) Adult Mental Health Division (AMHD) is committed to providing discrimination-free services to all staff and clients without regard to ethnic group identification, religion, age, sex, race, disability, or other protected characteristics under applicable Federal, State, and local laws.

Your confidentiality will be respected.

CASE MANAGEMENT HOUSING OTHER

Consumer Name:___________________________________ Date Submitted: ________________

Phone: ____ Email: ________________________

Date of Event/Grievance: ____

Details of Grievance (who, where, when, etc.) Please attach an additional sheet if necessary.

What steps did you take to resolve the grievance?

How would you suggest the grievance be resolved?

________________________________ ____________________

Client Signature Date