



Region 6 Behavioral Healthcare

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Phone: (402) 444-6573
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Complaint/Grievance Form

Case Number: _____

This form is a confidential document and shall *not* be made part of person served, personnel, and/or program records. All reports are kept by the Region 6 Behavioral Healthcare Quality Improvement Director. If you need assistance in completing this form, please contact the Quality Improvement Director.

Agency Name: _____ Date: _____

Program Name: _____

Person Served Name: _____

Describe in detail what happened including behavior of involved individual(s); interventions, both successful and unsuccessful; responses to interventions; persons injured if any; any other relevant information. Please include dates and names of persons involved.

[illegible]

Signature _____

Date _____

Cass ♦ Dodge ♦ Douglas ♦ Sarpy ♦ Washington