

Client Follow-up Form

If you would like to file a complaint with San Juan Basin Public Health, please complete this form (front and back) and return it to San Juan Basin Health Human Resources at the address listed at the end of this form. If you have questions, please contact San Juan Basin Public Health Human Resources at 970-247-5702 x2020/x2014

Name:	
Address:	
City/State/Zip:	E-Mail:
Phone:	Other Contact:
Service Received:	

1. Please explain the specific service (treatment) you received at San Juan Basin Health: _____

2. Date you received the service: _____

3. Reason for your complaint. Please be as specific as possible, and include date and time; specific policy, procedure, or action taken; names (if any) of anyone in the office with whom you discussed this, etc. Use the other side of this form if more room is needed. Also attach any relevant documents.

4. Please provide additional comments, concerns, or suggestions: _____

Signature: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by the client, please indicate your relationship to the client:

Parent or guardian of minor client

Guardian or conservator of an incompetent client

Beneficiary or personal representative of a deceased client

Other- please specify: _____

Name of client: _____

Address:	
City/State/Zip:	E-Mail:
Phone:	Other Contact:
Relationship to Client:	

Instructions for Filing Complaint:

**Note: You may file a complaint with San Juan Basin Public Health.
A complaint form is available from the SJBPH Human Resources Office.**

San Juan Basin Public Health
281 Sawyer Dr., suite 300
Durango, CO 81303
Phone: (970) 247-5702
FAX: (970) 247-9126

* Human Resources Review:

Review: Completed by: _____ Date: _____

Follow-Up:

Complainant Notified of Findings: ___/___/___ by: _____

Changes indicated/implemented to policy/process:

Human Resources

Date