



ZION Recovery Services/Southwest Iowa Mental Health Center
 Administrative Office
 ATTN: Director of Operations
 1500 East 10th Street
 Atlantic, Iowa 50022
 Phone: (712) 243-2606

Patient Complaint Form

To submit your complaint:

1. Fill out this form as complete as possible and mail or fax the **original complaint form** (not a copy) to Southwest Iowa Mental Health Center, attention: Director of Operations. Keep a copy for your records.
2. Enclose photocopies of any or all documents relevant to your complaint. **Do not send originals of these documents.**

Nature of Complaint (please present as many details in your description as possible) Attach additional pages if necessary:

List the names and contact information, if known, of all persons you believe may be responsible for this problem.

Solution do you desire:

Your Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Your contact telephone number: _____

I hereby affirm that this complaint is true and correct to the best of my knowledge

DATE: _____ SIGNED: _____

NOTE: If you feel your complaint has not been resolved to your satisfaction by SWIMHC Management you have the right to contact ZION Recovery Services Director at 712-243-5091.

DEFINITION of Formal Complaints is expressions of grief, pain or dissatisfaction. Examples may include: humiliation, verbal, physical, sexual or psychological intimidation, neglect, abuse or harassment.

