

CHARIS Counseling Associates  
11802 N.E. 117th Avenue  
Vancouver, WA 98662  
(360) 891-2000

### Comments, Complaints and Feedback

Your Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Your Phone Number: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Client Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Number and Street  
City State Zip

Client Phone Number: \_\_\_\_\_

Name of parent/guardian (if under 18 years): Last Name First Name Middle Initial

Provider's Name: \_\_\_\_\_

Date client-patient relationship began: \_\_\_\_\_ ended: \_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_

Details (Please include reasons for your comments, dates, places, times, and other important information. Provide the names of witnesses and their contact information. Describe the provider's response to your comments. Describe what you would like to be done. Please number and sign all pages of your complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_

You may give this complaint to your provider or mail it to:

CHARIS Counseling Associates  
11802 NE 117<sup>th</sup> Ave.  
Vancouver, WA 98662  
Attention: Executive Director

Office Use:

Received:

Contacts:

Actions and Resolution:

Resolution Date: