



Complaint/Grievance Form

Date Complaint/Grievance Received: _____

Date Complaint/Grievance Entered in BBHC Complaint/Grievance Log: _____

BBHC Staff Who Received Complaint/Grievance: _____

Name of Complainant: _____

Agency/Affiliation: _____

Method of Complaint/Grievance Submission: Written/Phone/Other – Specify: _____

Nature of Complaint/Grievance (what happened, where, when, persons involved, concerns, actions taken, authorities contacted).

Staff Assigned _____

Date _____

Follow up action taken

Signature _____

Date _____

*Please email this form to cqidepartment@bbhcflorida.org or call BBHC at 954-622-8121 to file a verbal complaint or grievance.