

TUSCOLA COUNTY HEALTH DEPARTMENT

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AGENCY CLIENT CONCERNS

The agency staff strives to ensure quality care for clients that is consistent with the agency philosophy. In order to assist the staff in addressing your concerns, you are being asked to complete this form. Please promptly complete and return this form to the Tuscola County Health Department. Upon receipt of your completed form, you will receive a verbal/written response. Thank you for your assistance in our continuing efforts to provide quality services to you.

DATE THIS FORM COMPLETED _____

NAME OF INDIVIDUAL COMPLETING THIS FORM _____

DATE CLIENT CONCERN BECAME APPARENT _____

NAMES OF INDIVIDUALS INVOLVED WITH CLIENT CONCERN _____

DESCRIPTION OF CLIENT CONCERN (PLEASE DESCRIBE BELOW) _____

Signature of Individual Completing This Form

Date

Signature of Individual Reviewing Completed Form

Date