Barry County Community Mental Health Authority

Customer Services
Report of Grievance or Appeal

INSTRUCTIONS: Please provide the information requested below to initiate your complaint.
You may attach any additional pages you feel are necessary.

Send completed form to: Customer Service
500 Barfield Drive
Hastings, MI 49058
Or fax to: (269) 948-9319

Customer Name:	
Customer Phone Number:	
Customer Address:	
Date of complaint:	
Customer Signature:	

My Grievance or Appeal is about:

Service	Provider/Agency

Please describe why you are filing this complaint:

What is your desired solution?

Do you want to give someone permission to act on your behalf? If yes, please complete the section below:	☐ Yes ☐ No
Representative Name (please print):	
Customer Signature:	
Representative Signature:	
Representative phone:	
Representative address:	

Date Received by Customer Services: _____ Customer ID#: _____

LB 8/16/2017

Office Staff Only
Medicaid _____ Non Medicaid _____ MIHealthLink _____ Clinician _____