

**ARIZONA BEHAVIORAL HEALTH CORPORATION**

**REQUEST FOR INVESTIGATION/  
COMPLAINT/GRIEVANCE FORM**

**TO BE COMPLETED BY ABC**  
DOCKET# \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_  
INITIALS \_\_\_\_\_

Today's Date: \_\_\_\_\_

HOUSING PROVIDER: \_\_\_\_\_ RBHA SITE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ CM PHONE #: \_\_\_\_\_

Name of Applicant or Participant Involved: \_\_\_\_\_  
(LAST, FIRST, MI)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code, Telephone Number)

Name of Person Completing Complaint (if other than participant): \_\_\_\_\_  
(LAST, FIRST, MI)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code, Telephone Number)

Relationship of person completing complaint:

Self (age 18+)     Family Member     Friend     Advocate

Other \_\_\_\_\_

Description of Complaint (please include dates, names, locations, also any other attempts to resolve the problem, attached additional pages if necessary):

What solution would you recommend?

Name of person completing the form: \_\_\_\_\_  
(If other than person filing this complaint)

Relationship to Applicant/Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE AND RETURN TO: ARIZONA BEHAVIORAL HEALTH CORPORATION  
1406 N. 2<sup>ND</sup> STREET, PHX. AZ 85004  
POSTMARK MUST BE WITHIN TEN (10) WORKING DAYS FROM THE RECEIPT OF THIS  
NOTIFICATION.**