



Administrative Office
ATTN: Director
2307 South Olive Street
Atlantic, Iowa 50022
Phone: (712) 243-5091
FAX: (712) 243-1337

Patient Complaint Form

To submit your complaint:

1. Fill out this form as complete as possible and mail or fax the **original complaint form** (not a copy) to ZION administrative office, attention: Director. Keep a copy for your records.
2. Enclose photocopies of any or all documents relevant to your complaint. **Do not send originals of these documents.**

Nature of Complaint (please present as many details in your description as possible) Attach additional pages if necessary:

List the names and contact information, if known, of all persons you believe may be responsible for this problem.

Solution desired:

Your Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Your contact telephone number: _____

I hereby affirm that this complaint is true and correct to the best of my knowledge

DATE: _____ SIGNED: _____

NOTE: If you feel your complaint has not been resolved to your satisfaction by ZION Management you have the right to contact HHS SUD Program at 515-204-9760.

DEFINITION of Formal Complaints is expressions of grief, pain or dissatisfaction. Examples may include: humiliation, verbal, physical, sexual or psychological intimidation, neglect, abuse or harassment.