SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES
COMPLIMENT - CONCERNS - SUGGESTION FORM

Use this form to let us know if you have any of the following:

☐ ***COMPLIMENT*** - If you have something nice to say about a service, a program, staff and/or a specific employee.

☐ **CONCERNS** - If you have a concern regarding your service, a program, our staff, a specific employee or your rights as defined in Nevada Law, and you have tried to solve the problem, and have been unable to solve the problem by talking to staff.

☐ **SUGGESTION** - if you have an idea that would help us improve our services, we would love to hear about it.

1. Please describe your compliment, concern or suggestion. (Attach additional pages if necessary)

2. With whom have you attempted to resolve this issue? (Identify by name and program or position)

3. What action or resolution would you like to occur regarding this issue?

4. If you believe your rights were violated, please describe how.

5. How do you wish to be contacted regarding this issue:

   ☐ Telephone: _____

   ☐ Letter to the following address:

   _____
   _____
   _____

   ☐ Other (Please identify):

   Please print your name: _____

6. Signature: _____ Date: _____

Return this form to us in any of the following ways:

☐ Mail the form to: Agency Director, 6161 West Charleston Blvd. Bldg.1, Las Vegas, Nevada 89146.
☐ FAX the form to the Director of Performance Improvement at (702) 486-0447.
☐ Give the form to any staff or receptionist to turn in.

Individuals may also contact any of SNAMHS licensing or accrediting bodies to make complaints. Contact the Office of Performance Improvement for addresses and telephone numbers if needed.

Comments /Review of Program Head 0r In-Patient Treatment Team for In-Patients

Date: Print name: Signature:

Comments /Review of Program Director:

Date: Print name: Signature:

Comments /Review of Rights and Ethics Committee

Date: Print name: Signature: