ARIZONA BEHAVIORAL HEALTH CORPORATION

ABC HOUSING PROGRAMS

COMPLAINT FORM

This form is for current housing program participants and people applying for the AHCCCS Housing Program Waitlist. If you have a concern you wish to report, please fill out the following form, boxes with an asterisk * are required fields.

*Date:		AHCCCS ID:	
*Name of Applicant or Participant:		*Date of Birth:	
*Phone Number:		Email Address:	
Behavioral Health Home Agency:		Site Name:	
*Clinical Case Manager Name:		*CM Email Address:	

*Please describe your complaint and answer the following questions:

1. **What** happened?
2. **When** did it happen?
3. **Where** did it happen?
4. Did you talk to anyone at HOM or ABC about this complaint? If yes, please describe.
5. What are you **ask**ing to happen to fix it? And **why** do you think this is the right solution?

You may attach further documentation to support the below description.

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Continued description of compliant:			
Signature:		Date:	
For Office Use			
Program Name:		Type of Compliant:	

For 1st level complaints please return to HOM:	**For waitlist or escalated complaints please return to ABC:**
Email to Housing Specialist and/or Supervisor **Mail or Drop off:** 5326 E. Washington St. Phoenix, AZ 85034	**Email:** abchousing@azabc.org **Mail or Drop off:** 501 E. Thomas Rd. Phoenix, AZ 85012