



COMPLAINT FORM

We understand that you have a concern about the Clara Martin Center. This form is to be used for you to document your concern. Please fill out this form and return it to the receptionist or mail it to the attention of the Clinical Director, Clara Martin Center, P.O. Box 278 , Bradford, VT 05033. You will be contacted by someone from the agency about your concern. All complaints are reviewed by the Executive Director.

Date of Report: _____

Name of Person Reporting: _____

Telephone Number: _____

Address: _____

Please give as much detail as possible about the situation you are concerned about.

Who are the people involved with the situation you are concerned about?

What actions have you already taken to resolve the situation?

Please list possible solutions that you feel may be of help to you in this situation:

Date received by Clinical Director: _____

Action/Response by Clinical Director: _____

Date reviewed with Client: _____

Advocate Information – *Should you wish to contact an advocate*

Legal Aid: 800-889-2047

Vermont Protection and Advocacy: 800-834-7890

Civil Rights Unit, VT-Attorney General's Office: 888-745-9195

Revised: 3/1/17