



Something's not right? Let us know about it!

We want you to feel safe, welcome, cared for, and understood while you're here. If you're having a problem—big or small—we want to know about it. If you have a suggestion, complaint, or grievance, tell somebody or fill out this form and place it in the box outside your department. You'll get a response within three business days.

Your **Name:** _____ Your **Unit:** _____ Today's **Date:** _____

Is your concern about (check all that apply):

- Don't feel safe Roommate Medical/dental needs Being Hassled Discrimination
 Disrespect School Religion/Culture Food service Phone calls
 Building/Equipment Violation of Client Rights: _____ (See list on back.)
 Something else: _____

Issues:

Please describe your concern, include dates of any incidents and the names of people involved and anyone who witnessed it, if applicable.

How we can fix it?

What can we do to make things better?

Date Received: _____

Your full client rights with descriptions are posted in your department on purple paper and also located in your client handbook. Here is a list of your rights:

1. Equal Treatment
2. Religious Freedom
3. Personal Possessions
4. Control of Contraband/Searches
5. Mail and Telephone
6. Access to Attorneys
7. Access to Courts
8. Freedom From Public Disclosure or Review
9. Confidentiality of Records
10. Medical and Dental Care
11. Protection from Physical and Psychological Harm
12. Visitors
13. Reasonable Observance of Cultural and Ethnic Practice
14. Public Education
15. Healthy Environment
16. Treatment Planning
17. Grievance Procedure (Client)
18. Grievance Procedure (Parent/ Guardian)
19. Freedom from Sexual Abuse and Sexual Harassment