



The Grand Traverse Band of Ottawa and Chippewa Indians

Behavioral Health Services Complaint Form

If you feel you have been treated unfairly, or you are concerned with the health, conduct or performance of a service provider, it is your right to make a complaint. Before making a complaint, try talking with your service provider—this is often the quickest and easiest way to address your concerns or fix a problem. You may also wish to put your concerns in writing by sending your service provider an email or letter. If you are not satisfied with the response or feel uncomfortable talking with the provider directly, lodge a complaint with the form below.

I. Provider

Name of Provider, if known: _____ An Organization A Person

Type of Provider: _____

Location of Services: _____

City _____ State _____ Zip _____

E-mail, if known: _____

Phone Number, if known: _____

2. Client

GTB Tribal ID: _____ Other Federally Recognized Tribe Name and ID: _____

Your Name: _____

Minor Child Name, if applicable: _____

Client Date of Birth: _____ Preferred Language: _____

Do you need an interpreter: Yes No If Yes, in what language? _____

Preferred Contact: E-Mail Home Phone Mobile Phone Mail Other

Legal Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

4. Progress

What have you already done to try to resolve this complaint?

5. Requested Resolution

Please provide us with details on how we can help you and your service provider resolve your complaint:

6. Privacy and confidentiality

In managing your complaint, we will collect personal information about you. We comply with 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) to protect confidentiality.

We are required to give your complaint to the person and/or organization you have named. If there is any information you don't want them to receive, please let us know.

We will not disclose personal information unless you consent, or the disclosure is allowed, authorized, or required by law.

I acknowledge that the Grand Traverse Band of Ottawa and Chippewa Indians Behavioral Health Services will access my personal health records for the purpose of handling this complaint.

Signed: _____

Date: _____

7. Send your complaint

Mail to:

Grand Traverse Band of Ottawa and Chippewa Indians
Behavioral Health Services
2605 N West Bay Shore Drive
Peshawbestown MI 49682

Fax to: 231.534.7919