BRYLIN HOSPITALS

Customer Complaint Resolution Form

We value you as a customer and take your concerns seriously. Please document your concern below and return this form to Customer Service or Risk Management.
If you need additional space or assistance with completion of the form, please let us know.

Identification	
Patient Name (*Last, First, MI)*	
Parent/Guardian Name (*Last, First, MI)*	
Patient DOB: **Age:**	**Date of Complaint:**
Physician:	**Time of Complaint:**
Witness:	**Contact information:** ***(phone, email, address)***
Witness:	**Other pertinent information:**

Forms should be made available in every department. Forms can be completed in person, or by mail. They can be completed on the behalf of the service recipient in person or by phone using quotations if assistance is needed.

Narrative:

If you are not satisfied with the response or action taken, please note that you may also contact Customer Relations at the Office of Mental Health at 44 Holland Avenue, Albany, NY 12229 or by Phone at 1-800-697-8481. -or- Mental Hygiene Legal Services at (716) 845-3650. -or- NYS Justice Center for the Protection of People with Special Needs at (855)373-2122.