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“Assisting Each Person Served In Achieving The Highest Quality Of Life!”

PRIVACY COMPLAINT FORM

Staff/Participant: _____ Date: _____

Please document your grievance, complaint, or suggestion below. Please be as specific as possible and include details, date, department of concern (Community Housing (Res Hab); Community Integration (Adult Day Services); Independent Living; etc.), persons involved, etc. Attach extra paper if needed.

Please state specifically what you would like to have done regarding the above information:

Staff/Participant Signature: _____

Please forward this form to the Corporate Compliance Office.

Received: _____

Staff assigned to investigate:

Findings:

Response to Concern (attach additional paper if needed):

Signature of Responder: _____ Date:

Returned to Corporate Compliance Officer: _____ Date:

Action Taken:

Discussed with complainant:

Is the complainant satisfied with the response: If not, what steps are to be taken if any?

Compliance Officer Signature: _____ Date: