BellVue Health PLLC

984-250-6460 | admin@bellvuehealth.com

CLIENT & REFERRAL FORMS

Grievance or Complaint Form

You may submit a concern without fear of retaliation or loss of services. You may leave your name blank; contact information helps us follow up. For immediate danger, call 911.

Your information (optional)

Name

Relationship to client

Safe phone / email

Preferred contact method / time

Client name, if relevant and you choose to provide it

Tell us what happened

Incident date(s)

Service / location / staff involved

Describe your concern (include relevant facts)

What would you like BellVue to do?

Steps already taken / people contacted

May BellVue contact you for more information?

☐ Yes ☐ No ☐ Anonymous submission

Signature (optional)

Date (MM/DD/YYYY)

Submit to BellVue or call 984-250-6460 for help submitting securely. You may also contact your health plan directly. Do not include another person's confidential records without appropriate authority.

Use a separate page or secure attachment if additional detail is needed.