



COMPLAINT/GRIEVANCE FORM

You have the right to file a complaint with us about our Practices, Policies, or Procedures. To exercise this right, please complete, sign and date the following form. Please submit this complaint to us at:

The Behavioral Wellness Group

John A. Glovan, Psy.D.

8224 Mentor Ave #208

440 392 2222 #302

Jglovan@behavioralwellnessgroup.com

You may in addition or in the alternative to filing a complaint with us, file a complaint with the
United States Department of Health and Human Services.

Client/Staff Lodging Complaint

Name: _____ Address: _____ Zip: _____

Telephone: _____ E-mail: _____

Complaint:

Please provide a detailed description of your complaint.

Please tell us what resolution you are seeking for this complaint.

Name of Client/Guardian/Staff

Date
