



ZION Recovery Services  
 Administrative Office  
 ATTN: Director  
 1500 East 10<sup>th</sup> Street  
 Atlantic, Iowa 50022  
 Phone: (712) 243-5091  
 FAX: (712) 243-1337

## Patient Complaint Form

To submit your complaint:

1. Fill out this form as complete as possible and mail or fax the **original complaint form** (not a copy) to ZION Recovery Services administrative office, attention: Director. Keep a copy for your records.
2. Enclose photocopies of any or all documents relevant to your complaint. **Do not send originals of these documents.**

Nature of Complaint (please present as many details in your description as possible) Attach additional pages if necessary:

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List the names and contact information, if known, of all persons you believe may be responsible for this problem.

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What solution do you desire:

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Your Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your contact telephone number: \_\_\_\_\_

I hereby:

- affirm that this complaint is true and correct to the best of my knowledge

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_