

**BELL COUNTY PUBLIC HEALTH DISTRICT
CLIENT COMPLAINT FORM**

Revised 9-28-15

Our aim is to provide the best service possible, and we are always looking for ways to improve.

Please let us know if you are not happy or have suggestions for improvement. Please fill out this form, place in envelope provided, seal the envelope, and give to staff. Your envelope will be forwarded to the supervisor. If you prefer, you can mail your complaint to:

**Director of Nurses
Bell County Public Health District
509 S. 9th St.
Temple, Texas 76504**

You also may contact the Director of Nurses by phone at (254) 778-4766. No collect calls will be accepted. You may also go online to www.bellcountyhealth.org submit an online form.

Section One:

Name of person filing complaint: _____

Mailing address: _____

Phone Number where you can be reached during the day: _____

Date: _____ Signature: _____

Section Two:

Clinic /office location: _____

Names of staff members involved (if you know): _____

Date the accident occurred: _____

Description of complaint: (what happened?)

Have you talked to any of the staff at the clinic about this complaint?

Yes ___ No ___ If yes, who did you talk to and what was their response