United Indian Health Services  
Client Complaint/Suggestion Form  
(to be completed by the Client/client's family member/care taker)

United Indian Health Services, Inc. welcomes client complaints and/or suggestions as an opportunity to improve services. All clients have the right to make a complaint(s) or provide suggestions related to the delivery of health care for any service at any of our sites. Completing this form will not compromise access to future care.

*  
Client’s Name  Date of Birth  
Address  Date / Daytime Phone  
City State Zip  Section and Site where incident occurred  

This matter is a COMPLAINT ☐  This matter is a SUGGESTION ☐

* Name Optional – if your complaint or suggestion is related to your care, omitting your name could limit our ability to fully investigate the issue or come to a resolution on your behalf.

Describe in your own words the information you would like to share:

__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

* Attach separate sheet if necessary

Client Signature: ______________________ Date: ________

Person completing form for client,

Signature: ___________________________ Date:__________

Return or mail to:  UIHS Quality Improvement Section, 1600 Weeot Way, Arcata, CA 95521