Client Grievance Form

Name of Client: _____
Person Assisting Client: _____

Please describe your complaint/grievance below or on a separate sheet of paper or email.

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Date and names of witnesses involved

_____
_____
_____
_____

Today's Date: _____
Your Phone Number(s): _____

Forms may be emailed to rwilson@upperbay.org, faxed to 410-392-8048, or mailed to our Medical Records Department (see address below) and then it will be forwarded to the appropriate Program or Department Manager. Although we cannot ensure the security of documents sent through email, it is the most efficient method and will allow for the quickest response from us.

UBCSS – Medical Records Department
200 Booth Street
Elkton, MD 21921