

**Clinical Psychology
Associates, LLC**

Complaint Report

Your Name: _____
Your Address: _____

Your Telephone No.: _____

Please describe your complaint. Do you believe you are not receiving an appropriate type or quality of service? Do you believe that the conduct of a person or agency providing service to you on behalf of Clinical Psychology Associates was unprofessional?

If your complaint concerns professional contact, please state all important facts - - where the incident took place, the time of day it happened, the names of others involved, the names of witnesses, etc. Please be as complete as you can. Feel free to attach additional documentation.

What would you like Clinical Psychology Associates to do about your complaint?

Signature: _____ Date Submitted: _____

Please complete this Complaint Report, sign it, date it, and return it to:

David W. Thompson
Clinic Director
Clinical Psychology Associates
197 W. Chestnut St., STE 100
Burlington, WI 53105-1200

Date complaint received by Clinical Psychology Associates: _____