



Agape Counseling Services, P.L.L.C.

## Formal Complaint Form

If you have any questions regarding this form request assistance from any Agape employee.  
Fill free to attach additional pages if you need more room.

### **Procedures for Filing a Complaint:**

Agape Counseling Services is committed to the delivery of quality services that are designed to meet the needs of each client and/or family. If you believe your rights have been violated or our services don't meet your expectations, please follow this procedure. You will not receive any retaliation from Agape staff for using our grievance procedure. It is very important to us that you feel like you have an appropriate way to address any issues that may arise.

1. Verbally discuss the situation with your provider or person against whom you have a complaint.
2. If you are unable to resolve the issue with your assigned provider or the person you have a complaint against, complete this Formal Complaint Form. Completed complaint forms should be submitted to the ACS Manager at [AgapeCounseling@hotmail.com](mailto:AgapeCounseling@hotmail.com).
3. The Manager will investigate the issue and consider the situation as presented by all parties involved. All laws, statutes, policies and procedures that affect the grievance will be applied.
4. Within a period not to exceed 10 days, you will receive a written response from a member of management.
5. If you are not satisfied with ACS's grievance procedure or feel you cannot get your concerns addressed through ACS, the following list agencies may be able to intervene:
  - **Oklahoma State Board of Licensed Social Workers** at 5104 North Francis, Suite E Post Office Box 18817, Oklahoma City, OK 73154-0817. Phone: (405) 946-7230
  - **Oklahoma State Department of Health Division of Professional Counselor Licensing** at 1000 NE 10<sup>th</sup> Street, Oklahoma City, OK 73117-1299, Phone: (405) 271-6030, Fax: (405) 271-1918
  - **Oklahoma State Board of Licensed Alcohol and Drug Counselors** at 5104 North Francis, Suite F, Post Office Box 54388, Oklahoma City, OK 73154-0817, Phone: (405) 840-8908, Fax: (405) 840-8311
  - **Oklahoma Health Care Authority** at 4545 North Lincoln Blvd., Suite 124, Oklahoma City, OK 73105-3400, Phone: (405) 522-7421, Fax: (405) 530-3246
  - **Grievance Coordinator, Office of the Advocate Defender, Oklahoma Department of Human Services** at P.O. Box 25352, Oklahoma City, OK 7325, Phone: (405) 521-3491
  - **Grievance Coordinator, Office of The Advocate General, Office of Juvenile Affairs** at P.O. Box 268812, Oklahoma City, OK 73126-8812, Phone: (405) 530-2821.
  - **Oklahoma's Medicaid Fraud Unit** at 405-521-3921.

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Fill free to attach additional pages if you need more room.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Complaint Information

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Please describe the incident in detail:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Do you have any suggestions for resolving the complaint? If so, please explain.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_