

## **Comment, Compliment or Complaint Form**

Santa Fe Indian School Counseling Center Office Phone: (505) 216-7418

This is a: Comment Compliment Complaint	
Your Name: Client Name: (If you are not the client):	Date:
Address: City:	_ State: Zip:
Phone: ( ) Cell ( ) Work ( ) Home	Message Okay? ( ) Yes ( ) No
Alternate Phone: ( ) Cell ( ) Work ( ) Home	Message Okay? ( ) Yes ( ) No
SFIS Counseling Center	
Please tell us what happened. When did it happen? Who was involved? For complaints, provide any information which you think will help us resolve the situation. Write on the back of this form if necessary.	
For Comments or Complaints: What would you like us to do to help resolve the situation? What do you want done about this?	
You can file this complaint one of three ways:	
Give the completed complaint form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the front in the form to your therapist or the form to your therapist or the front in the form to your therapist or the form to your therapist or the form to your the your the form to your the your the form to your the yo	ont desk at the SFIS Health Center.
<ol> <li>Mail the completed complaint form to SFIS Counseling Center,</li> </ol>	
Mailing Address: 1501 Cerrillos Road, Santa Fe, New Mexico	
3. Email to Maria Brock, Student Wellness Director <a href="mailto:mbrock@sfis.k12.nm.us">mbrock@sfis.k12.nm.us</a>	
For Office Use Received: Res	colution Date:
Contacts:	
Resolutions:	