

### RECOVERY HOUSING COMPLAINT FORM

*Note: Complaints may only be filed by residents or former residents of certified recovery houses listed on the NH voluntary certified recovery house registry. Please remember to sign and date in the area indicated on the second page.*

Name	Email Address
Landline Phone	Mobile Phone
Mailing Address:	
Name of Recovery House/Agency	Address Of Recovery House - City, State, Zip Code

**TYPE OF COMPLAINT (PLEASE CHECK ONE OR MORE):**

Area of Complaint (Please Check)	Brief Description
<input type="checkbox"/> Safety/Health	
<input type="checkbox"/> Management/House Operations	
<input type="checkbox"/> Financial	
<input type="checkbox"/> Staffing ( <i>specific staff name if applicable</i> )	
<input type="checkbox"/> Rules and Regulations	

<input type="checkbox"/> <b>Recovery Support Environment</b>	
<input type="checkbox"/> <b>Facility/House</b>	
<input type="checkbox"/> <b>Other Concerns</b>	

**Please provide additional detail on the events/circumstances that led to the grievance. (Attach additional pages if needed.)**

**Please describe what you feel should be done to resolve this situation to your satisfaction.**

<i>For BDAS Use Only</i>	Received: _____
Action(s) Taken: _____	
Resolution: _____	
_____	