



INTERNAL COMPLAINT/GRIEVANCE FORM

(Complete and forward the form directly to QI department)

Your feedback is important to us, and we are committed to providing the best possible care and service to all our clients. If you have experienced dissatisfaction or have concerns regarding the quality of care or services you have received at Momentum for Health, we would like the opportunity to address and resolve them. Your input is invaluable in enhancing our services and ensuring that we are effectively meeting the needs of the community we serve.

You are not required to use this form to file a grievance or complaint. If you prefer, you may submit your concerns using the following methods:

- **In Person:** Momentum for Health, 1922 The Alameda, San Jose, CA 95126
(Alternatively, you may deliver it to any Momentum location)
- **By Phone:** (408) 261-7777
- **By Mail:** Attention: Quality Improvement Department, 1922 The Alameda San Jose, CA 95126
- **By E-mail:** feedback@momentumforhealth.org

Client information:

First Name:	Last Name:	Client Identification Number (if known):	Date of Birth (mm/dd/yyyy):
Phone Number:	Best Time to Call:	E-Mail:	
Mailing Address:			
Name of Program where client receives services:		Name of person completing form and relationship - If different from client:	

