



Communities  
In Schools®

The Permian Basin

**COMMUNITIES IN SCHOOLS OF THE PERMIAN BASIN  
MENTAL HEALTH SUPPORT PROGRAM  
COMPLAINT FORM**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Client in Treatment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mental Health Counselor: \_\_\_\_\_

I wish to log a complaint against \_\_\_\_\_,  
(CIS Staff Name and Position)

an employee of Communities In Schools of the Permian Basin. My complaint is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that this complaint will be taken seriously and will be reviewed by the Program Manager of Mental Health Support, Jessi Morgan, LMSW, as well as the employees listed supervisor (if different) within 10 business days. The Supervisor may be reached at PO Box 10532 Midland, Tx 79702 or by phone at (432) 2015-1364.
- I understand that this complaint will be kept on record by Communities In Schools of the Permian Basin for 6 years from the date in which this complaint has been created or goes into effect.
- I understand that I may also file a complaint with the Texas Behavioral Health Executive Council at 333 Guadalupe St., Ste. 3-900, Austin, Texas, 78701 or by calling 1-800-821-3205 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257 (HIPAA concerns).
- I understand that I will not be retaliated against in any way for making this complaint.

Guardian/Non-Minor Client's Signature: \_\_\_\_\_