

El Paso County Community Supervision and Corrections Department
THIRD PARTY GRIEVANCE REPORT

If you have a grievance, or feel that a Client residing at the West Texas Behavioral Health Residential Treatment Center (BHRTC) has been abused, neglected, exploited or treated improperly, please complete the following steps:

Please answer each of the five (5) following sections:

1. General Information:

Your Name: _____

Phone Number: _____

Email Address: _____

Does this grievance concern a client that is currently residing at BHRTC? YES/NO

- If YES, what is or was the clients patience ID Number: _____

2. Who (department employee(s) have you already spoken to in an effort to report and or resolve this grievance/problem/concern?

3. When (date and time) did you meet or speak with this person(s)?

4. What is your grievance/problem/concern?

5. What is your desired outcome of this grievance/problem/concern?

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You can mail or fax this report to the attention of: (mark one)

_____ Annalisa Davila, Senior Deputy Director El Paso County CSCD

_____ Ryan Hawk, CCF Assitant Director BHRTC

_____ Victor M. Balandran, Superviosr BHRTC

NOTE: The above Director/Supervisor will be in contact with you no later that 10 working days from the date they receive this report to inform you of what steps or actions have been taken to correct grievance/problem/concern. Please submit form by mail, fax or in person to:

West Texas Behavioral Health Residential Treatment Center

3700 Mattox St

El Paso Texas, 79925

(915)273-3393 Fax (915)273-3394