

**Local Behavioral Health Authority  
Provider Complaint Report Form**

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

Service Provider:

Number of internal complaints received within the past 30 days: \_\_\_\_\_

Number of internal complaints resolved within the past 30 days: \_\_\_\_\_

Provide a brief summary of any complaints/resolutions indicated above, or attach a copy of your agency's completed internal complaint form:

**\*Submit to Roe Rodgers-Bonaccorsy at the Howard County LBHA by the 5th of each month by [email-rrbonaccorsy@howardcountymd.gov](mailto:rrbonaccorsy@howardcountymd.gov) or fax- 410-313-6212.**

Name of staff completing form: \_\_\_\_\_