Bassett Community Health Home

Complaint Form

Please print clearly and complete all sections of this form and email or fax to:

Bassett Community Health Home
Attn: Admin
BassettHealthHome@bassett.org
Fax #: 607-376-0220
Phone #: 607-547-4887

Please ensure to complete each section before sending, including as much information about your complaint as possible.

Information About Yourself

Name: _____
Last First MI

Address:
House number & Street Name City State Zip Code

Telephone: __(__) _____ – _____

DETAILS OF YOUR COMPLAINT

When did this happen?

Where did this happen?
Have you filed a Complaint with anyone else?

If Yes, with whom?

Were there any witnesses?
You may add additional witness names on a separate sheet of paper.

Witness Name

May we contact the witness?
Are they aware we may be contacting them?
Witness phone number?