



T R U T H E R A P Y

PO BOX 7660
North Augusta, SC 29861
P: (706) 843-6241
F: (706) 843-6242

Referral Source Concern Form Instructions

When filling out this form you should:

1. Provide the names and address of complainant (if you are writing on behalf of someone else, please include information on both parties).
2. State your complaint by providing specific details, dates, names and other important information.
3. Mail or fax (or give to Truththerapy staff) the completed form to the address listed above. Keep a copy for your records.
4. A representative from Truththerapy will investigate and respond to your grievance in a reasonable time period. If a response cannot be given within 30 days, you will be given a reason why a response is not possible in that time.
5. A written response will be given to you.
6. Should you feel the response does not address your concerns or there is additional information that would warrant an appeal, please mail this information in the form of "addition comment for appeal" to the Administration office (address listed above) with your reasons for requesting additional investigation of the concern in question. The corporate office will investigate this appeal in a reasonable period of time. A written response will be given to you.



TRUTH THERAPY

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Referral Source Concern Form

Complainants' Name: _____

Organizational Name: _____

Organizational Address: _____

Organizational Phone: _____

Nature of Concern and Additional Information (attach additional pages if needed):

What is the name of the Truththerapy staff member with which you have a concern or grievance?

Have you discussed this issue with the above-mentioned staff member? YES NO