Grievance Form

If you have concerns about your care and do not feel comfortable addressing them with your treatment team you may submit a grievance form

Name (Optional): _____

Date: _____

Concern:_____

_____

_____

_____

Would you like to receive a follow-up from the designated Grievance Officer?

____ Yes ____ No

How would you like to be contacted? _____

If you wish to contact someone at NorthStar Transitions directly with a grievance, you can contact:

Fatina Cannon at 888.787.9377 and/or fatina@nstprogram.com

If you do not feel that your concern can be addressed by the Grievance Officer. The Behavioral Health Administration has the general responsibility for regulating practices of licensed substance use disorder treatment programs in the State of Colorado. Questions and complaints may be directed to:

Colorado Department of Health Services, Behavioral Health Administration

710 S. Ash St., Denver, CO 80246 303.866.7191