



## ***Counseling Center***

Anderson University Center, Suite 300, Tacoma, WA 98447

Phone: 253-535-7206, Fax: 253-536-5124

### **COMPLAINT**

If you are not satisfied with your experiences at the PLU Counseling Center we want to hear from you. We want our services to be satisfactory to all.

If you have an issue concerning the Counseling Center or staff, please first speak with one of our staff. If the issue is with your counseling, talk with your counselor. If you believe there has been some kind of violation regarding the confidentiality or privacy of your records, contact the Executive Director of Counseling, Health and Wellness Services, Dr. Kuldhir S. Bhati.

If you are not satisfied or the issue continues, please provide the information below and the situation will be investigated and remedied to the best of our ability. Also, the filing of a written complaint will not limit your care. Thank you.

Client's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Client Student ID # \_\_\_\_\_ Phone \_\_\_\_\_

Client's Address \_\_\_\_\_

What is (or was) the issue? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see done about the issue? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Client Printed Name Date

\_\_\_\_\_  
Signature of Witness Printed Name Date