*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 Director of the Counseling Center, Dr. Elizabeth Barton.

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