

CONSUMER COMMENT/COMPLAINT FORM

Complainant: _____ Date: _____

Subject of Complaint: _____

Statement of Complaint: _____

Complainant Signature

Received by: _____ Date: _____

Response: _____

Is Complaint satisfied with Response: Yes No If no, what further action is being taken:

Signed – Name, Title

Date

Please complete this form and mail to:
Northeast Delta HSA
2513 Ferrand St
Monroe, La 71201