



## COMPLAINT/GRIEVANCE FORM

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, or our Privacy Policies and Procedures. To exercise this right, please complete, sign and date the following form, then submit this complaint to us at our office

State code and federal laws strictly prohibit any retaliation against a LLN client or employee who exercises his/her right to file a complaint or grievance. Retaliation is prohibited whether or not the charging party prevails in the original charge. Subsequent to, or at the same time as the charge, no staff of LLN may harass, discriminate, coerce, intimidate, or retaliate against an individual who has filed a complaint or participated in the complaint resolution process. LLN or any other employee may not harass, discriminate, coerce, intimidate, or retaliate against an employee who files a complaint. LLN will not tolerate any kind of unlawful discrimination, harassment, or retaliation.

You may in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services at:

Maryland Office of Administrative Hearings  
Department of Health and Mental Health Hygiene  
11101 Gilroy Road  
Hunt Valley, MD 21031  
(410) 229-4262

Civil Rights Compliance Office  
Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, MD 21201

### Client Lodging Complaint

\_\_\_\_\_  
Name Address: Zip:

\_\_\_\_\_  
DOB Telephone:

### Client's Complaint

Please provide a detailed description of your complaint.

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



**LITTLE LOVE NOTES, LLC**  
PSYCHIATRIC REHABILITATION PROGRAM

2134 Espey Court, Ste 3

Crofton, MD 21114

(443) 292-6760 (Tel)

[Info@littlelovenotesllc.com](mailto:Info@littlelovenotesllc.com)

Please tell us what resolution you are seeking for this complaint.

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Signature

Date

-----Office Use Only-----

Date Received: \_\_\_\_\_ by \_\_\_\_\_

Date Given to Privacy Officer: \_\_\_\_\_ by \_\_\_\_\_

Action Taken:

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Follow-up Needed:

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Copy Given to client on \_\_\_\_\_ (unless in violation of another client's rights)

Date added to Grievance \_\_\_\_\_ Signature \_\_\_\_\_