



Client/Patient Complaint and Grievance Form

Henderson Wellness Clinic (HWC) appreciates your feedback and is committed to ensuring a high-quality experience for all clients and patients. If you feel that you have been treated unfairly, that your rights have been violated, or that you received poor quality services, fill out this form and give it to a staff member or mail it to Henderson Wellness Clinic Grievance Officer, 1490 W Sunset Rd, Suite 120 Henderson NV 89014. You can also call 855-955-5428 and leave a detailed message of your concerns for Henderson Wellness Clinic’s Grievance Officer.

Someone from Henderson Wellness Clinic will contact you within three (3) business days of receipt. We encourage you to raise your concern as soon as possible (at least within 30 days) so that we can address and resolve your concerns. Clients and patients will not be penalized and can still use the services at Henderson Wellness Clinic after raising a complaint or concern.

Contact Information:

Name: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____

_____ You may contact me by (check all that apply):
 Phone US Mail Email

Tell Us About Your Concerns:

Date It Happened: _____ Time It Happened: _____

Where It Happened (check location):

- HWC– North Las Vegas HWC– North Las Vegas HWC – TBA

Please describe what happened, including staff involved and any suggestions you have to resolve your concern (you can attach more paper or write on the back of this form if you need more space):
