

Professional Persons Feedback Form

Use this form to submit feedback regarding Certified Professional Persons, or organizations and policies relevant to Professional Persons. Provide as much detail as possible.

I am submitting a:

- Complaint**
- Comment**

Person Filing Feedback

You may be contacted for additional information.

Name	
Employer	
Address	
Phone	
Email	

Professional Person

If your comment or complaint regards a specific Professional Person, complete this section to the best of your ability. If you do not have the information for any field, or this section does not apply, leave it blank.

Name	
License Type (select)	<input type="checkbox"/> Doctor of Medicine (MD) <input type="checkbox"/> Advanced Practice Registered Nurse (APRN) <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> Licensed Clinical Professional Counselor (LCPC) <input type="checkbox"/> Licensed Clinical Social Worker (LCSW)
Employer	
Address	
Phone	
Email	

Incident or Feedback

(Provide as much detail as possible)

Subject of feedback <i>Professional Person(s), organization, policy, etc.</i>	
Other individual(s) who may have relevant information <i>List name(s) and contact information, if applicable.</i>	

<p>Comment or Complaint <i>Be specific. Include all pertinent information (dates, locations, names, what happened, etc.)</i></p> <p><i>Attach documentation if relevant (e.g. records, correspondence, etc.)</i></p>	
<p>Have you tried to obtain a response or resolution to your comment or complaint? <i>If yes, please describe the actions you have taken.</i></p>	
<p>Requested action <i>If applicable.</i></p>	

Signature: _____

Date:

Submit this form via:

- Fax to (406) 444-7391, OR
- MT File Transfer (<https://transfer.mt.gov/>) to BGraziano@Mt.Gov

Thank you for your feedback.