



955 East Eighth St., Ste. B#1  
Traverse City, MI 49686  
231-392-6155 (main)  
231-525-2125 (fax)  
[www.ibwnmi.com](http://www.ibwnmi.com)

## COMPLAINT/GRIEVANCE FORM

You have the right to file a complaint with us about our Practices, Policies, or Procedures. To exercise this right, please complete, sign and date the following form. Please submit this complaint to us at:

**InSight Behavioral Wellness of Northern Michigan, LLC**

**Barbara A. Diedrick, PhD**  
**955 East Eighth St., Ste. B#1**  
**Traverse City, MI 49686**  
**231-392-6155**  
[drd@ibwnmi.com](mailto:drd@ibwnmi.com)

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**.

### Client/Staff Lodging Complaint

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

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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\_\_\_\_\_  
Name of Client/Guardian/Staff

\_\_\_\_\_  
Date