

**Wright Counseling Solutions**  
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**Complaint Form**

Can be faxed, emailed, or handed in to our front office staff.

Date of Complaint: \_\_\_\_\_

Person Making Complaint: \_\_\_\_\_

Client: \_\_\_\_\_

Involved staff member(s), if any: \_\_\_\_\_

Please write your concern to the best of your ability: (use additional sheets if necessary)

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

How you would like to see this concern resolved: (use additional sheets if necessary)

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

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Office Use:**

Reviewing Staff: \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_

Resolution of Complaint: \_\_\_\_\_

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

Director's Signature: \_\_\_\_\_