**SC Department of Mental Health**

**Division of Public Safety**

7901 Farrow Rd, Building #17

Columbia SC 29203

Telephone: (803) 935-5470

Fax: (803) 935-5492

E-Mail: [PublicSafety@scdmh.org](mailto:PublicSafety@scdmh.org)

**COMPLAINT FORM**

It is Public Safety policy to investigate all complaints and take appropriate action. Please use this form to document your complaint, and submit it to SC Department of Mental Health, Division of Public Safety, 7901 Farrow Road, Building #17, Columbia, SC 29203. Complaint forms may be submitted in person, by fax, mail, or email. You may remain anonymous. **Attn: Internal Affairs**

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| **Complainant Contact Information** | | |
| Name of Person Filing the Complaint (optional): | | Date: |
| Mailing Address: | Telephone:  E-Mail: | |
| What is the best time to contact you?  What is the best method to contact you? | | |

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| **Provide a statement of how you believe you have been violated or treated unfairly. Attach additional pages if necessary.** |
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**I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint.**

**Signature: Date:**

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