

MSO Complaint Resolution Form

Please email this form to the completed form to the Contract Monitor at Lisa.Shelby@atcmhmr.com or mail to ATCMHMR Attn: Lisa Shelby 5225 North Lamar Austin, TX 78751.

Date of Complaint:

Complaint submitted by:

Name:

Relationship to Consumer:

Consumer Name:

Consumer Number or DOB:

Provider Name:

Contract Number:

Nature of Complaint:

Below area for ATCMHMR MSO staff use only
Tracking Number: _____ (Call CRO to obtain at 440-4086)

Complaint Resolved: Yes No

Date:

Forwarded to CPS: Yes No

Date:

Forwarded to CRO: Yes No

Date:

Action Taken:

Assigned staff person: _____

Notification Regarding Resolution: Name: _____ Date: _____