

Maryland RecoveryNet  
Complaint Form (10/2014)  
(Please print/write legibly)

Complaints may be filed with the Behavioral Health Administration via email at [patricia.konyeaso@maryland.gov](mailto:patricia.konyeaso@maryland.gov). You may also mail this form to the Behavioral Health Administration Attention: Trish Konyeaso Vocational Rehabilitation Building 55 Wade Ave Catonsville, MD 21228.

**Section is Optional if you wish to remain anonymous**

<b>Name of Complainant:</b> <b>Address:</b> _____ <b>Phone Number:</b> (    ) _____ - _____ <b>Email:</b> _____
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**Name of agency/person(s) complaint is against:**

**Located** \_\_\_\_\_ **at** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **to** \_\_\_\_\_ **agency/person?** \_\_\_\_\_

**Please provide a detailed explanation of concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of complainant (Optional)**

**Contact information for person(s) who completed form on behalf of complainant:**

**Name:** \_\_\_\_\_ **Phone Number (    )** \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Signature of Individual completing form on behalf of complainant**

**OFFICIAL USE ONLY**

**Submitted By:** \_\_\_\_\_ **\_\_In-person\_\_** **via phone** **\_\_Other:**

**To:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Phone:** \_\_\_\_\_