

El Paso County Community Supervision and Corrections Department  
THIRD PARTY GRIEVANCE REPORT

If you have a grievance, or feel that a Client residing at the West Texas Behavioral Health Residential Treatment Center (BHRTC) has been abused, neglected, exploited or treated improperly, please complete the following steps:

Please answer each of the five (5) following sections:

**1. General Information:**

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this grievance concern a client that is currently residing at BHRTC? YES/NO

- If YES, what is or was the clients patience ID Number: \_\_\_\_\_

2. Who (department employee(s) have you already spoken to in an effort to report and or resolve this grievance/problem/concern?

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3. When (date and time) did you meet or speak with this person(s)?

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4. What is your grievance/problem/concern?

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5. What is your desired outcome of this grievance/problem/concern?

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You can mail or fax this report to the attention of: (mark one)

\_\_\_\_\_ Annalisa Davila, Deputy Director El Paso County CSCD

\_\_\_\_\_ Belinda Hernandez, Clinical Director BHRTC

\_\_\_\_\_ Ryan Hawk, Operations Manager BHRTC

**NOTE:** The above Director/Supervisor will be in contact with you no later than 10 working days from the date they receive this report to inform you of what steps or actions have been taken to correct grievance/problem/concern. Please submit form by mail, fax or in person to:

West Texas Behavioral Health Residential Treatment Center

3700 Mattox St

El Paso Texas, 79925

(915)772-8537 Fax (915)775-2491