Eugene Center for Anxiety and Stress

101 E. Broadway Suite 400
Eugene, OR 97401
(541) 357-9764

Complaint Form

Your name: _____Your phone number: _____

Member's name (if you are not the member): _____

Member's OHP ID number or date of birth: _____

What happened? When did it happen? Who was involved? (Attach any documents such as which might help us investigate the complaint.)

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What do you want us to do about this?

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Thank you for sharing your concerns with us. We will review your complaint seriously and get back to you within 30 calendar days.