Health Professionals' Services Program (HPSP)

Feedback Form

The Board values your opinion. Your feedback may be used in Program evaluations as well as Reliant Behavioral Health (RBH) performance reviews. If you have a complaint, concern, or any other feedback about the HPSP or vendor RBH, please complete the form below.

Feedback is collected from active participants only; however, the Board will keep your identity confidential and will not share your Participant # with RBH.

HPSP Participant # _____ _____ _____ _____ _____ _____ _____ _____
(Required)

Feedback – *please include dates, names, and locations if applicable*:

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OPTIONAL: If you would like to be speak to a Board Representative, please provide your contact information:

First Name: _____

Last Name: _____

Preferred Phone Number:_____

or E-mail: _____

Submit to the Board by mail or fax only.
E-mail is not a secure means of communication.