

GRIEVANCE PROCEDURE AND FORM

MN Statute 144.651 Subd. 20 and MN Statute 245I.12 Sub 5 identify that past and current clients or their authorized representative have the right to voice grievances and recommend changes in policies and services to our staff, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

Please submit your written grievance to PURE Therapy, LLC by mail at 4300 Baker Rd Suite 200 Hopkins, MN 55343 or email at info@pure-psychedelic.com. Please inform us if you would like the assistance of an advocate.

If you would like to make a formal grievance to another department, below is the contact information:

- MN Department of Human Services, Licensing Division PO Box 64242 St. Paul, MN 55164-0242 Phone: 651-431-6500 Fax: 651-431-7673
- MN Office of Ombudsman for Mental Health and Developmental Disabilities 121 7th Place East Suite 420 Metro Square Building St. Paul, Minnesota 55101 Phone: 651-757-1800 Fax: 651-797-1950
- MN Department of Health, Office of Health Facilities Complaints PO Box 64975 St. Paul, MN 55164 Phone 651-201-5000
- MN Department of Human Rights Freeman Building 625 Robert Street N Phone: 651-539-1100 Fax: 651-296-9042
- MN Department of Human Services Equal Opportunity and Access PO Box 64997 St. Paul, MN 55164 Phone: 651-431-3040 Fax: 651-431-7444
- MN Board of Marriage and Family Therapy 335 Randolph Avenue, Suite 260 St. Paul, MN 55102 Phone: 612-617-2220 Email: mft.board@state.mn.us
- MN Board of Behavioral Health 335 Randolph Avenue Suite 290 St. Paul, MN 55102 Phone: 651-201-2756 Fax: 651-797-1374 Email: bbht.board@state.mn.us
- MN Board of Social Work 335 Randolph Avenue Suite 245 St. Paul, MN 55102 Phone: 612-617-2100 Fax: 651-215-0956 Email: social.work@state.mn.us
- MN Board of Psychology 335 Randolph Avenue Suite 270 St. Paul, MN 55102 Phone: 612-617-2230 Fax: 651-797-1372 Email: psychology.board@state.mn.us
- MN Board of Nursing 1210 Northland Drive Suite 120 Mendota Heights, MN 55120 Phone: 612-317-3000 Email: Nursing.board@state.mn.us
- MN Board of Medical Practice 335 Randolph Avenue Suite 140 St. Paul, MN 55102 Phone: 612-617-2130 Email: medical.board@state.mn.us

Grievance Type:

- Outpatient Therapy
- Community Based
- Medication Management
- Psychological Testing
- Administrative
- Policy
- Other _____

Client Name: _____

Date of Birth: _____

Guardian/Representative (if applicable)

Relation to patient _____

Phone: _____

Email: _____

Please describe the grievance and proposed solution:

*Please note that PURE prioritizes your security at all times. Unfortunately, we cannot ensure complete protection of the data you send via email. If you choose to send your grievance via email, PURE is not liable for any interception of information.