SECOND CHANCE
COUNSELING CENTER LLC

**Complaint Form**

Name: _____ Date: _____

Complaint: _____

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(Continue on back if needed)

Signature: _____ Date: _____
Client/Legal Guardian or Parent of Minor

File with Clinical Director, Cynthia Pepin @ Phone: (231) 412-0660 ● Fax: (231) 881-9132 ●
3890 Charlevoix Ave. Suite 306 ● Petoskey, MI 49770 ●