



## Complaint Form

Note to patient: We will follow up on your complaints, whether they are submitted to us in oral or written form. You are not required to complete a written report, but your comments are helpful to us as we continue to provide excellent service to our patients.

Date: \_\_\_\_\_

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

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

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

Description of Complaint: \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

What would you like to happen?

\_\_\_\_\_ I want someone from the office to contact me by \_\_\_\_\_ phone \_\_\_\_\_ mail.

\_\_\_\_\_ I don't want to be contacted

Other: \_\_\_\_\_

### For Internal Use Only

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Details and Findings: \_\_\_\_\_

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Follow up

\_\_\_\_\_ Phone

\_\_\_\_\_ Mail

\_\_\_\_\_ Both phone and Mail