



CONFIDENTIAL PATIENT COMPLAINT REPORT

All patient complaints are confidential. This report and any attachments are confidential documents under the law. All complaints will be given serious attention. This patient complaint form will be forwarded to the Site Manager and the Privacy Manager, who will directly address your concerns.

Person Making Complaint

Name: _____

Address: _____

Phone: () _____ - _____ What is a good time to reach you: _____

Complaint received by: _____

(Name)

(Title)

(Date)

Nature of Complaint:

Appointment/Access

Billing

Problem w/ Staff

Referral

Medical Care

Laboratory

Policy/Procedure

Other

Date of Complaint: _____

Time of Complaint: _____

Department Involved: _____

Staff Involved (Name/Title): _____

Describe problem or reason for Complaint: _____

Client's Signature: _____ Date: _____