



**PATIENT
COMPLAINT
FORM**

____/____/____ am/pm
Date Time

Print Name of Patient with Complaint

____ (____) _____ - _____
Patient's Address & Telephone #

Please describe the complaint and include any pertinent information (names, titles, etc.):

(Please attach additional pages as needed.)

Patient's Signature: X _____ Date: ____/____/_____
(If this form was written on behalf of the patient, please check here (If this complaint was taken via phone, please check here:)

Staff Signature: X _____ Date: ____/____/_____

Staff Print Name _____ Title _____

All complaints (anonymous or signed) will be given serious attention. Patients should not fear reprisal because of their complaints.