

Person Registering Complaint (print): _____ **Date:** _____
Contact Information: **Address** _____

Phone # () _____
Alt # () _____

Name of Patient: _____
Date of Birth: _____

In the event that we are not able to address your complaint in person, we ask that you write down your concern and it will be passed onto the office manager when she returns to the office. She will get in touch with you using the phone number(s) you provided above.

Signature _____

For office use:

Please provide:

Resolution of problem _____

By whom _____

If the problem involves non-administrative issues, please use an Incident Management Form.