

Patient Complaint Form

Name: _____ Date: _____

What is the best way for us to reach you once we have a resolution?: _____

Staff member receiving complaint: _____

Please describe your complaint as clearly as possible: _____

What outcome would you like us to consider? _____

Client signature: _____ Date: _____

Staff signature: _____ Date: _____

Please give the staff up to 3 business days to review your complaint. We want to be sure that we are thoroughly reviewing your concerns. Once reviewed, we will be in contact with you regarding our considerations and recommendations.

Thank you