



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Complainant \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
Date of Service: \_\_\_\_\_ Provider: \_\_\_\_\_

Access	Respect for Patient Preference	Emotional Support
___ Appointment Wait Time	___ Rushed	___ Other
___ Waiting Room Wait Time	___ Unprofessional Conduct	
___ Exam/Clinical Services Wait Time	___ Discrimination	Patient/Visitor Injury
___ Telephone Wait Time	___ Confidentiality	___ Other
___ Failure to see Provider	___ Other	
___ Return Phone Calls		Miscellaneous
___ Other	Continuity and Coordination	___ Other
	___ Complication Post-Procedure	_____
Facility/Equipment	___ Referrals	_____
___ Clinic Environment	___ Assessment and Diagnosis	_____
___ Administration	___ Other	_____
___ Equipment/Supplies		_____
___ Other	Billing	_____
	___ Charges	_____
Information & Education	___ Accuracy/Timeliness	_____
___ Communication/Language Barrier	___ Co-Pay	_____
___ Discharge Instructions	___ Coding	_____
___ Adequate Information Regarding Tests, Treatments & Condition	___ Other	_____
___ Other		_____

Complaint/Concern/Request Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finding/Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Risk Manager Review: \_\_\_\_\_ Date: \_\_\_\_\_  
CL-17 4/22/2015