

**Patient Complaint Investigation
Form**

Date of Complaint: _____

Name of Person with Complaint: _____

Name of Patient: _____ MR #: _____

Specific Complaint: Billing Staff Behavior Quality of Care-NSG
 Quality of Care-Physician Time / Delays
 Other

Comments: _____

Was this complaint Formal / Informal (formal = letter or phone call to administration)
Y/N: _____

Investigation:

- Referred to: _____
- Findings: _____

- Follow-up: _____

Signature _____ Date _____

Letter Sent By _____ Date _____