|  |  |  |
| --- | --- | --- |
| C:\Users\chill\Downloads\revised ame logo2.png | Form Identification: 600-88MDCVersion: 1.00Last Revision:  | **Patient Complaint Form** |
| Next Review: April 2019Contact Officer: V.P. of Accessibility Medical  | Approved By: C.E.O.Date:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Reported:  |  | Person completing this form: |  |
| Patient Name:Patient Address:Patient Phone:HICN:  |  |  |  |
| Person filing Complaint: |  | Relationship to Patient: |  |
| Contact Phone Number: |  |
| Summary of the Complaint: |
|  |
|  |
|  |
|  |
| Reviewed by: |
| Recommendations for action:  |
|  |
|  |
|  |
| Actions:(please note all actions and conversations, along with dates) |
|  |
|  |
|  |
|  |
| Final Resolution:  |
|  |
|  |
|  |
|  |
| Response to Customer: (Written within 14 days when unresolved)  [ ]  Verbal [ ]  Written (attach copy) |
|  |
|  |
| Management Signature: |  | Date: |  |

**Document History & Version Control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date Approved** | **Approved By** | **Brief Description** |
| 1.0 |  | C.E.O. | Establishment of Patient Complaint Form  |