

PATIENT COMPLAINT REPORT

CONFIDENTIAL

Patient Information

Patient name: _____

DOB: _____ SSN: _____

MRN: _____ Phone: _____

Address: _____

Source

Date of report: _____ Location: _____

Reporting provider/staff member: _____

Description

Medical Services (circle)

- M1. Question diagnosis/treatment
- M2. Request second opinion
- M3. Physician attitude
- M4. Physician call-back
- M5. Specialty referral
- M6. Nurse attitude
- M7. Nurse call-back
- M8. Lab results
- M9. Same day care
- M10. Telephone assessment/disposition
- M11. Confidentiality
- M12. Other

Administrative Services (circle)

- A1. Telephone system
- A2. Adequacy of clinic hours
- A3. Access to physical exam
- A4. Access to routine appointments
- A5. Exam/waiting room delay
- A6. Staff attitude
- A7. Confidentiality
- A8. Billing/charges
- A9. Procedure inconvenient, confusing
- A10. Other

Disposition/Referral

- 1. File only
- 2. Center Manager
- 3. Treating Physician
- 4. Chief of Services
- 5. Medical Director
- 6. PPRC

Description _____

