



REACH MEDICAL

CONFIDENTIAL PATIENT COMPLAINT REPORT

All patient complaints are confidential. This report and any attachments are part of REACH Medical's Quality Assurance and therefore protected confidential documents under the law. All complaints will be given serious attention. This patient complaint form will be forwarded to the appropriate Manager, who will directly address your concerns.

Person Making Complaint

Name: _____

Address: _____

Phone: () _____ - _____ What is a good time to reach you: _____

Complaint received by: _____
(Name) (Title) (Date)

Nature of Complaint:

Date of Complaint: _____ Time of Complaint: _____

Department Involved: _____

Staff Involved (Name/Title): _____

Explanation of the Complaint in Detail:

Client's Signature: _____ Date: _____

(If this complaint was taken via phone, please check here)



*****FOR OFFICE USE ONLY*****

AREAS OF CONCERN

- Front Desk
- Nursing
- Medical Provider
- Behavioral Health
- Billing
- Finance
- Outreach
- EMR
- Website

CONCERN CATEGORIES

- Unclear Diagnosis/Disagree with Diagnosis
- Length of Appointment
- Billing Issue- Unclear/Disagree with charges
- Excessive Wait Time
- Human Resources Issue/Inappropriate behavior by staff
- Breaches of privacy or HIPAA violations
- Security concerns or issues with visitor policies
- Other (please specify):

Was the issue resolved?

- YES
- NO

(please specify below)

Describe action taken to resolve issue:



If not resolved, state reason(s) why:

Resolution communicated to patient by:

- Letter
- Phone
- In-Person
- Other (please specify): _____

Practice Manager Signature: _____ *Date:* _____

Medical Director Signature _____ *Date:* _____