

CONFIDENTIAL
PATIENT COMPLAINT FORM

All patient complaints are confidential. This report and any attachments are part of NJGREENMD and therefore protected confidential documents under the law. All complaints will be given serious attention. This patient complaint form will be forwarded to the Practice Manager, who will directly address your concerns.

Person Making Complaint

Name: _____

Address: _____

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

Complaint received by: _____

Nature of Complaint:

Date of Complaint: _____

Did the incident involve a staff member ?

(Name of staff member): _____

Describe problem or reason for Complaint: _____

Client's Signature: _____ *Date:* _____

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

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

- Administration
- Business Office
- Finance
- State
- Delay due to state
- State Agency/Law Office
- Double Billed
- Patient Registration

Date Received by Practice Manager: _____ Signature: _____

Followed up by: Letter Phone In-Person **Date of Follow Up/Final Letter mailed out:** _____

CONCERN CATEGORIES

Personal Interaction

- Attitude
- Unprofessional Conduct

Repeated Complaint
(one incident)

Individual with multiple complaints

Was issue resolved? YES or NO

Describe action taken to resolve issue: _____

If not, state reason(s) why: _____
