



Patient Complaint Form

All patient concerns are strictly confidential. This form and any attached documents are part of the practice's Quality Improvement Program and are therefore protected confidential documents under the law.

Date: _____

Patient Name: _____ Date of Birth: _____

Describe the concern in your own words. You may attach any other supporting documentation along with this form.

Staff Completion Only
Investigation, follow-up, and resolution:

Please mail completed form to:
 Attn: Practice Administrator, Riverside OB/GYN, 2275 W Jefferson Ave Trenton, MI 48183
 You may also fax, email, or drop off the completed form.