



Patient Complaint Form



Pearl Rose Wellness
Pre & Post Breast Cancer Care Services

Time Recorded: ____:____ AM / PM

Date

MM

DD

Complaint Received by:

Name of Representative/Executive

Patient Name / Patient Last Name

Date of Birth / Sex

Date of birth

Sex: F M Other: _____

Complaint delivered by phone, mail, email, in-person

phone mail email

In-person

Other:

Other:

Name of the person making the complaint

Self

Relationship to patient

Address

When would be a good time to reach you?

Time

AM / PM

What number should I call?

Phone Number

Would you like to provide an alternative contact number

Home

Mobile

In case you miss our call, would you like to provide us with your email address?

Email

YES

NO

About the Complaint

Staff involve in the complaint, please write first and last name if known

First Name

Last Name

Person with disabilities

YES NO

Is there anything else that I can assist you with?

Please comment:

Summary of the complaint: (Attach addition page if needed):

Resolution of the complaint will be taken by



[Blank box for Name of Representative/Executive]

Name of Representative/Executive

DATE:

TIME:

Staff Initial

Patient Signature Date

We will be in touch with you within the next 24 hours of receiving this form. We are available Monday, Tuesday, Thursday from 9am - 4pm and Wednesday from 10am - 2:30pm

I will be in touch with you soon. Thanks again for your call and have a wonderful day

Sincerely,

Management

[Lined area for additional notes or comments]

At Pearl Rose Wellness, we respect the patient's privacy. Our practice follows HIPAA compliance policy and protect any information collected by our staff. We only disclose medical information when and if the patient has authorized a third party to receive medical notes from our practice. Please visit our website for additional information about Privacy Patient Authorization Form and/or contact us at 813-409-3425 if you have any questions about our Privacy policy.

Please allow 24-36 hours from the date of the concern to respond to you at the preferred contact form provided by you.