HARDIN COUNTY GENERAL HOSPITAL & CLINIC
P.O. Box 2467 6 Ferrell Road
Rosiclare, IL 62982

PATIENT COMPLAINT REPORT

Date & Time of complaint: _____

To Whom Reported:_____ **Department:_____**

Patient Name:_____ **History #:_____**

Address:_____ **Healthcare Record #:_____**

City, State & Zip:_____

Home Phone #:_____ **Work Phone #:_____**

Person placing complaint:_____ **Relationship:_____**

Form initiated by:_____ **Department:_____**

Classification of complaint: (check one)

_____ Communication **_____ Care** **_____ Attitude** **_____ Charges/Cost**

_____ Safety **_____ Confidentiality** **_____ Waiting** **_____ Other:**

Summary of complaint and information gathered:

Date_____

_____

_____

_____

_____

_____

Action taken:

Date_____

_____

_____

_____

Date resolved: _____ Resolved by: _____