



Customer Concern / Complaint Form

Employee instructions: Please complete the Employee Section of this form as thoroughly as possible. Submit the form to your manager if further investigation is required to reach a resolution. After both the employee and manager have completed this form, it should be forwarded to the Children's Patient Advocate's Office.

Employee Section

Employee receiving concern or complaint: _____

Date: _____ **Time:** _____ **AM/PM**

Patient Name: _____ **Person with complaint:** _____

Patient Phone Number: _____ **Medical Record Number** _____

Method & Summary of Complaint:

Did you resolve the complaint to the patient's satisfaction? If so, how?

Employee Signature

Manager receiving concern or complaint: Name _____

Date: _____ **Time:** _____ **AM/PM Received**

Did you resolve the complaint to the patient's satisfaction? If so, how?

Manager Signature

This section is to be completed by the Children's Patient Advocate:

Form received on _____ **Entered in Medtech Medical Systems Management** _____