Patient Feedback Form

All patient, family, or external customer input and/or concerns are confidential. This report and any attached documents are part of this practice’s Quality Improvement program.

Name of Patient (or others involved): __________________________________________

Date: __________________________________________

Describe the nature of the feedback (use back of paper if needed): ______________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Patient Recommended Solution (use back of paper if needed):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of Patient: __________________________________________

Please submit the completed form to the fax number or mailing address at the bottom of the form.

Bottom Section for Office Use Only

Investigation, follow-up, and resolution: (use back of paper if needed): ______________________
_________________________________________________________________________________
_________________________________________________________________________________

Executive Director Signature: __________________________________________

Medical Director Signature: __________________________________________

For QI purposes, circle department connected to incident: □ Medical care □ Nursing care □
Reception/Front Office □ Billing □ Access to care □ Telephone problem □ Medical records □ Lab
□ Radiology □ Other: __________________________________________

This as an internal form for office staff to document patient complaints. Do NOT file this form in the medical record. Maintain the form in a separate, confidential quality improvement (QI) file.