

PATIENT COMMENT/CONCERNS FORM



To be completed by Site Administrator	
__ Phone	__ Raymond Office
__ Follow Up	__ Newmarket Office
__ Service	__ Nashua Office
__ Clinical	__ Access
__ Waiting Time	__ Billing
Other _____	

PERSON MAKING COMMENT/CONCERNS:

Name _____

Telephone Number _____ Date _____

Please indicate permission to research your complaint using information from your medical record

NATURE OF CONCERN:

Completed by: _____ Date: _____

ROUTE TO SITE ADMINISTRATOR OR SITE DIRECTOR

COMMENTS - ADD'L INFORMATION: (by site administrator and/or appropriate involved staff)

Completed by: _____ Date: _____

FOLLOW-UP including action taken internally to address problem, if any: (by Site Administrator, Medical Director, and/or Clinical Director)

Signature:

Date:

COMMUNICATION WITH PATIENT/PERSON FILING CONCERN:

Resolution with patient. (If no, please comment why).

Signature: _____

Date: _____