



Patient Complaint Report

The patient complaint report will provide patients and their families with a mechanism for communicating a concern or complaint and to ensure that appropriate action is taken in regards to this information. All patient and family concerns are strictly **confidential**.

Complaint or Concern is Related To:

(Check All That Apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Front Desk Staff | <input type="checkbox"/> Clinical Support Staff |
| <input type="checkbox"/> Billing Office | <input type="checkbox"/> Management | <input type="checkbox"/> Other _____ |

Nature of Complaint:

(Check All That Apply)

Patient Care Factors	Staff Factors	Organizational Factors	Medical Staff
___ Quality of care	___ Courtesy	___ Waiting Times	___ Quality of care
___ Timeliness of care	___ Communication	___ Cleanliness	___ Timeliness of care
___ Teaching	___ Privacy	___ Billing Charges	___ Accessibility
___ Other	___ Other	___ Other	___ Other

Please mail this form and any additional sheets to the following:

AfterOurs Urgent Care
 Attn: Client Services Manager
 6895 East Hampden Ave
 Denver, CO 80224

