

## **Patient Complaint Form**

(To be used for Privacy related issues only)

Our practice values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care.

If the staff at Island Coast Pediatrics have fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality.

Patient Name:	Birth date:
Person placing complaint:	Phone Number:
Relationship to patient:	
Signature of Patient/Guardian	Date
Office Use Only: (Obtained through the web) Complaint Accepted by:	on:
Complaint Investigated by:	on:
Resolution:	