PATIENT GRIEVANCE FORM

All patient grievances are confidential. This report and any attachments are part of **Gladiolus Surgery Center** Grievance Policy and therefore protected confidential documents under the law. All grievances will be given serious attention.

This patient grievance form will be forwarded to the center leaders to address your concerns.

| PERSON REGISTERING THE GRIEVANCE | | |
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| Last | First | MI |
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| Citv | State | Zip |
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| Last | First | MI |
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| rth: | Your Relationship to Patient: | |
| NATURE OF GRIEVANCE | | |
| | Account number: | |
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| ox that best describe Services | es the nature of your complaint/concern and pro | vide details below: |
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| | Last City Last mber: rth: ox that best describe | Last First City State Last First mber: |

| Patient/Guardian/Representative Signature: | Date: | | |
|---|--|--|--|
| Email address Required to receive acknowledgement: _ | | | |
| Please M Gladiolus Surg Alisha Sing 7431 Gladio Fort Myers, | gery Center gh, CEO blus Drive | | |
| ****** FOR OFFICE USE ONLY ******* | | | |
| Date Received: | | | |
| Routed to: | | | |
| ☐ Business Office Manager/CEO | ☐ Central Billing Office (if applicable) | | |
| Acknowledgement sent by: Email Letter | Date Sent: | | |
| CEO/BOM Signature: | Date: | | |
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