

PATIENT / RESIDENT COMPLAINT RECORD

7785 N. State Street, Lowville, NY 13367
315-376-5200

Patient Identifiers (2)

All patient / resident complaints are confidential. This report and any attachments are part of Lewis County Health System's Quality Improvement Program and is therefore protected confidential documents under the law. This patient / resident complaint form will be forwarded to the Director of Quality or Chief Operating Officer to address your concerns.

Person Registering the Complaint		
Name: _____		
Last	First	MI
Mailing Address: _____		
_____	_____	_____
City	State	Zip
Phone Number: _____		
Patient Name: _____		Patient Date of Birth: _____
Your relationship to the Patient: _____		
Nature of the Complaint		
Date the Incident Occurred: _____		Time: _____
Department(s) Involved: _____		

Name(s) of Staff Involved: _____		

Please check the box that best describes the nature of your complaint and provide details below:		
<input type="checkbox"/> Substandard Care (Misdiagnosis, Negligent Treatment, Delay in Treatment, etc.)		
<input type="checkbox"/> Access		
<input type="checkbox"/> Unprofessional Conduct (Staff / Physician)		
<input type="checkbox"/> Billing / Registration Concern		
<input type="checkbox"/> Other: _____		

This is a Quality Assurance / Quality Improvement Document. Do not disclose without approval.

DO NOT FILE OR REFER TO MEDICAL RECORDS.

