

## Patient Complaint Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Incident Date \_\_\_\_\_

Patient Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Is your concern about billing?    Yes    No

Is your concern about patient care?    Yes    No

Did you discuss your concern with the healthcare team?    Yes    No

Please tell us about your concern below. Include, to the best of your ability (you back of form if necessary):

- The names of the staff involved
- When the incident happened
- The location of the incident
- What happened
- and why you believe the incident happened

**Authorization:** \_\_\_\_\_ I authorize the KCH Patient Advocate to review the above stated concern and advocate on my behalf. I understand that the Patient Advocate will review my medical record and discuss my concerns with my KCH healthcare providers. Please review the form for completeness and accuracy before submitting.

*Providing our communities with quality, affordable & accessible healthcare*

<b>Bonnars Ferry</b>	<b>Ponderay</b>	<b>Priest River</b>	<b>Sandpoint Pediatrics</b>	<b>VA</b>	<b>Administration</b>
6615 Comanche Street Bonnars Ferry, ID 83805 208.267.1718	30410 Hwy. 200 Ponderay, ID 83852 208.265.6252	6509 Hwy. 2 Priest River, ID 83856 208.448.2321	420 N. 2nd Ave. Sandpoint, ID 83864 208.265.2242	420 N. 2nd Ave. Sandpoint, ID 83864 208.263.0450	301 Cedar St. Suite 206 Sandpoint, ID 83864 208.263.7101