

GASTROINTESTINAL AND LIVER SPECIALISTS OF TIDEWATER, PLLC

PATIENT COMPLAINT FORM

SITE: Colonial Gastroenterology Associates

Patient's Name

Date_of Service

Provider

Please describe your complaint: _____

Reviewed by Office Administrator: _____
Signature Date

Assessment results and actions taken: _____

Final Outcome: _____

Signature of Medical Director: _____

Date letter sent to patient (attach): _____

Date reported to Governing Body: _____