

GASTROINTESTINAL AND LIVER SPECIALISTS OF TIDEWATER, PLLC

**PATIENT COMPLAINT FORM**

SITE: Digestive Liver Disease Specialists

\_\_\_\_\_  
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: \_\_\_\_\_