

**North Pinellas Children's Medical Center
Patient Grievance Form**

North Pinellas Children's Medical Center is committed to providing high quality healthcare to our patients. If patients or families have concerns or complaints, we encourage you to bring them to the attention of our staff immediately so we can address them appropriately. Whenever possible, we attempt to resolve patient questions or concerns quickly and informally. If the event we have been unable to adequately address your concerns and you wish to file a formal complaint, please complete this form and return it to any of our locations.

Patient Name: _____ Date of Complaint: _____

Complaint submitted by: _____ Date of Service: _____

Location: Palm Harbor Westchase New Port Richey

Your address, phone or email for follow up:

PROBLEM: (Briefly describe complaint. Please include dates and staff involved when applicable)

(Continue on back if necessary)

SIGNATURE: _____ **DATE:** _____

----- For Office Use -----

COMPLAINT SUBMITTED : In Person In Writing Via Phone

Team member accepting complaint (if applicable): _____

Referred to: _____ Date: _____

Follow up action taken:

Disposition of complaint and date: _____
