

# PATIENT GRIEVANCE FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DESCRIPTION OF PROBLEM** *(if needed, write on the back of this form or add another page)*

Date(s) of incident: \_\_\_\_\_

Person(s) or provider(s) involved: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

[illegible]

**Send to:** [grievance@cotreatment.com](mailto:grievance@cotreatment.com)

**You can also fill out a grievance online! Go to: [www.surveymonkey.com/r/ctsgrievance](http://www.surveymonkey.com/r/ctsgrievance)**