



Big Sandy Health Care, Inc.

"Providing Access to Quality Health Care"

1709 KY Route 321 STE 3
Prestonsburg, KY 41653
Phone: 606.886.8546
Fax: 606.886.8548
www.bshc.org

PATIENT COMPLAINT FORM

NAME: _____ DATE: _____

ADDRESS: _____ PHONE NO. _____

DATE OF COMPLAINT: _____ TIME OF COMPLAINT: _____

PLACE COMPLAINT OCCURRED: _____

PATIENT'S STATEMENT: _____

EMPLOYEE'S/DEPARTMENT STATEMENT: _____

CLINIC DIRECTOR'S STATEMENT: _____



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COMPLAINT DECISION

I have read this decision and understand it.

Patient's Name

Date

Employee's Name/
Department Head's Name

Date

Approved By: _____ Date: _____