



**Examinee-Family/ Referral Source
Complaint Form**

Date: _____ Time: _____ Facility/Doctor: _____
Assessment Date: _____ Referred By: _____
Name: _____ Contact Info: _____

Describe your complaint or concern: (write on the back if you require more room)

Action Requested: (write on the back if required more room)

Signature: _____ Date: _____

ADMIN / CORPORATE OFFICE

Date Received: _____

Examinee Contact (Date):

Status of Complaint and Resolution (Date):

Written notification of Remedial Action (Date):

Signature: _____ **Date:** _____

